



# THE NIGERIAN INSTITUTE OF ARCHITECTS

## Special Membership / PPE Re-Evaluation

NIA/EF/

Tick where appropriate and complete the following

### 1.1 CATEGORY:

#### 1.2 Re-Evaluation of Successful NIAPPE

1.2.1 Passed September 2016

1.2.2 Passed March 2017

1.2.3 Passed September 2017

#### 1.3 ARCON Program

1.4 Candidate's Name ..... MR/MISS/MRS

1.5 Date of Birth and Place .....

1.6 Nationality .....

1.7 Residential Address (including P.O. Box or P.M.B.) .....

.....

Tel:..... Email:.....

1.8 Current Employer & Address (including P.O. Box or P.M.B.) .....

.....

Tel:..... Email:.....

1.9 Year and Month in which Evaluation is to be done .....

1.10 Examination Centres ..... LAGOS  ..... KADUNA

ENUGU  ..... ABUJA

### 2.0 EDUCATION

2.1 Schools Attended with dates:

2.1.1 Secondary School	Dates
.....	.....
.....	.....

2.1.2 Post Secondary, University and other higher institutions attended with dates.

Post Secondary / University	Dates
.....	.....
.....	.....

2.1.3 Foreign Schools (If applicable)	Dates
.....	.....
.....	.....

2.2 Degrees, Diploma or Certificates obtained from the above institutions in order of dates.

S/N	Certificate	Date obtained
I	.....	.....
II	.....	.....
III	.....	.....
IV	.....	.....

2.3 Membership of the NIA /(Associate) /indicate membership number.....

2.4 Membership of other Professional Institutes

.....  
 .....

2.5 Have you attempted the NIAPPE in the past? Yes  NO

If yes, state number of times and year the examination was taken and state results obtained

Exam	Year	Result
.....	.....	.....

2.6 Have you served in the National Youth Service Corps (NYSC)? Yes  No

If yes, give year and place of Primary Assignment.

Location:.....Year .....

**3.1 PRACTICE**

3.2 Give name(s) of establishment(s) or firm(s) you have worked with since graduation. Give dates

S/N	Establishment (Firm)	Year
I	.....	.....
II	.....	.....
III	.....	.....
IV	.....	.....

3.3 Give names of Supervising Architects or Principals in each of the above cases.  
 Supervising Architects must be financial members of the NIA

S/N	Name (Supervising Architect)	NIA No.
I	.....	.....
II	.....	.....
III	.....	.....
IV	.....	.....

3.4 List three (3) outstanding Projects you have handled since graduation.  
 State involvement e.g. design, working drawings, supervision or membership of project team.

S/N	Name (Outstanding Projects)	Year	Stage
I	.....	.....	.....
II	.....	.....	.....
III	.....	.....	.....
IV	.....	.....	.....

**4.0 GENERAL**

4.1 This application form should be submitted with the following:

- I. Non-Refundable processing fee as advertised (submit/Original Bank Teller)
- II. Photocopies of candidate's Educational and NYSC Certificates sighted by NIA Current Council member (Statement of Results shall not be accepted)
- III. 2 No Passport Photographs (with candidate's name/signature at the back)

4.2 Other requirements include:-

- I) Affidavit explaining discrepancies in names or other particulars on Certificates
- II) Letter forwarding application form and enclosures

.....  
**SIGNATURE OF APPLICANT/DATE**

**NOTES:**

- A.** The information given in this form is vital and as such, care should be taken to complete it correctly.
- B.** All submissions must be accompanied with the Non-refundable processing fee.
- C.** Payment shall be to Nigerian Institute of Architects Account as detailed in the Advertisement.
- D.** All applications accompanied with payment teller (original) are to be submitted to:

THE HONORARY GENERAL SECRETARY, (HGS)  
NIGERIAN INSTITUTE OF ARCHITECTS,  
NO. 24, MAGAJI MUAZU STREET,  
OFF PATRICK YAKOWA /AMINU SALE CRESCENT,  
KATAMPE EXTENSION B19, ABUJA.  
E-MAIL:nia@niamails.com, [info@nia.ng](mailto:info@nia.ng)

**FOR OFFICIAL USE ONLY**

<b>GNIA</b>	<b>ANIA</b>	<b>LB</b>	<b>CVSA</b>	<b>EF</b>	<b>NYSC</b>	<b>SASE</b>	<b>LAU</b>	<b>PP</b>	<b>AAB</b>	<b>AT</b>	<b>PR</b>	<b>OTHERS</b>

**NIA BOARD OF EDUCATION (BAE)**