



**OPTOMETRISTS AND DISPENSING OPTICIANS
REGISTRATION BOARD OF NIGERIA**

PLOT 5070/5071, UNITY ESTATE, KARU, ABUJA
EMAIL - odobniger@yahoo.com



BOARD ACCREDITED DISPENSING OPTICIANRY WORKSHOP

PASSPORT

FOR OFFICIAL USE ONLY

APPLICATION NO:
(To be quoted in all correspondences)

APPLICATION FORM

(To be completed and returned to ODORBN Plot 5070/5071, Unity Estate, Karu, Abuja)

**(PARTS A - E) TO BE COMPLETED BY APPLICANT
PART 'A' PERSONAL INFORMATION**

- 1. Name.....
Surname
First Name
Other Names

- 2. Date of Birth..... 3. Sex.....
Day/Month/Year

- 4. Postal Address.....
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- 5. Permanent Address.....
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- 6. State of Origin..... Local Govt. Area.....

- 7. Marital Status (Single/Married).....

8. Name and Address of person to be contacted in case of emergency (State Relationship)

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PART 'B': WORK EXPERIENCE/EDUCATION

1. Name and Address of outfit presently employed.....

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2. Current Designation/Position.....

3. Work experience from..... To Total Years.....

4. Brief Description of Optical Dispensary and responsibilities held (if any)

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5. Academic Records (Including Secondary Schools/Colleges - if any)

NAME OF INSTITUTION	DATE ATTENDED		CERTIFICATE OBTAINED AND GRADES	DOCUMENTS SUBMITTED	
	From MONTH/YEAR	To MONTH/YEAR		CERTIFICATES YES NO	

6. Referees (Give names and addresses of two referees)

- i.
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- ii.
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PART 'C': TRAINING

- 1. **Name and address of Optical Dispensary Outfit where you were trained (if any)**

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- a. **Date of Commencement**

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PART 'D': CERTIFICATION

I agree that all of the foregoing information accurately reflects my background and experience. I further agree that if selected for training, I will abide by all rules and regulations of the workshop.

Signature..... Date.....
(Applicant)

PART 'E': CERTIFICATION

I certify that to the best of my knowledge, all information contained in this application is true, and I nominate this applicant without reservations.

Name.....

Office or Home Address.....

Signature.....

Date.....

Title and Official Stamp.....