NUTRITION SOCIETY OF NIGERIA

INSTITUTION ATTESTATION LETTER

A. To be completed by the Head of Department (HOD)

I. **Name of Department (In full):** _____

_____

II. **Name of Institution (In full):** _____

_____

III. **Name of Inductee:** _____

Surname First Name Middle Name

Name of inductee must be as in application form.

IV. **Inductee's student registration number:** _____

V. **Inductee has presented Statement of Result/Certificate:** Yes ☐ No ☐

VI. **Declaration**: Do you attest that this inductee is qualified for Induction in your Institution **for Full membership into the Nutrition Society of Nigeria**? Yes ☐ No ☐

VII. **Comment:** _____

VIII. **Name of HOD:** _____

Surname First Name Middle Name

IX. **NSN Membership Number:** _____

X. **Phone number:** _____ **Email**: _____

XI. **Signature:** _____ **Date**: _____

Departmental Stamp Here

B. To be completed by the State Chapter Chairman/Secretary:

I. **State:** _____

II. **Position: Chairman** ☐ **Secretary** ☐

III. **Name:** _____

Surname First Name Middle Name

I. **NSN Membership Number:** _____

II. **Phone number:** _____ **Email**: _____

III. **Signature:** _____ **Date**: _____