

NAME OF APPLICANT:
TEL. No

## **PHYSIOLOGICAL SOCIETY OF NIGERIA**

## GUARANTOR'S FORM FOR NEW APPLICANTS FOR MEMBERSHIP OF THE SOCIETY

This is to inform you that				
			NAME:	
			Current institutional address	
Email	Relationship with applicant.			
PSN REGISTRATION NUMBER Year of Joining PSN				
	SS			
has provided the correct information in the application for membership of PSN and hereby recommend				
that the application be processed.	·			
	Tel. No. Date			
SECOND GUARANTOR				
NAME:				
Current institutional address				
	Relationship with applicant.			
PSN REGISTRATION NUMBE	R Year of Joining PSN			
I declare that Prof/Dr./Mr./Mrs/Mi	SS			
	on in the application for membership of PSN and hereby recommend			
that the application be processed.	•			
Signature of Guarantor	Tel. No. Date			