



**THE AFRICAN NETWORK OF SCIENTIFIC AND
TECHNOLOGICAL INSTITUTIONS
(ANSTI)**

This is to certify that:

1. Institution: *(Name and Address; email, fax, telephone)*

Faculty/School/College of **(compulsory)** _____

email: _____ Fax: _____

Website: _____

has applied for membership of ANSTI

Date _____ Signature _____

2. Name and Title of Contact

Person: _____

3. Government: *(Optional)*

The Government

of _____

has endorsed the application of

the _____

4. ANSTI Governing Council:

The ANSTI Governing Council has considered the above application and duly admitted

The _____

as a Member Institution of ANSTI

5. Is your University accredited to deliver University degree? Indicate the date and reference of Accreditation document.

Date _____ Signature _____