

A **STAFF PERSONAL RECORD**

(Please complete this form in Triplicate)

A. PERSONAL DETAILS

DATE OF COMPLETION.....

1. Name:

(Surname)
(Other Names)
2. Date of Birth: (attach evidence)
3. Marital Status: (attach evidence if married)
4. Nationality:
5. State of Origin:
6. Postal Address:
.....
7. Permanent Home Address.....
.....

B. FAMILY DETAILS

8. Name(s) and Address (es) of Spouse(s): (Where applicable)
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.....
 9. Name(s) of Child(ren): (Attach documentary evidence)
- | Name | Date of Birth | Place of Residence |
|-------|---------------|--------------------|
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| | | |

10. Next of Kin (with) Address:

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11. In case of death, my benefits should be paid in favour of:

Name:

Sex: Date of Birth:

Address:

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C. ACADEMIC DETAILS:

12. First Degree	Institution	Date
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13. Other Degrees and/or Other

Qualifications	Institution	Date
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D. PREVIOUS EMPLOYMENT:

14. University	Date
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15. Others

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E. APPOINTMENT WITH LAGOS STATE UNIVERSITY

16. Date of First Appointment:

17. Date of Assumption of Duty:

18. Post on First Appointment:

19. Department of First Appointment:

20. Employment History:

Position

Department

Date

Position	Department	Date
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Note: Please report to the College Secretary for change or additions to any of the information provided in 1-11 above, so that this record can be amended appropriately.

F. GENERAL

21. Date and place of first arrival in Nigeria: (Where applicable)

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I certify that the information provided above is to the best of my knowledge correct.

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Signature

.....
Date

FOR OFFICE USE ONLY

To be completed at the end of tenure

1. Reason/Nature of End of Tenure:

- Resignation
- Withdrawal
- End of Contract
- Retirement
- Termination
- Dismissal

(Delete item which is not applicable)

2. Date:

3. Appointment elsewhere after end of Tenure

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cc: Financial Controller
Head, Department of
Personal File