

**LAGOS STATE UNIVERSITY, COLLEGE OF MEDICINE, IKEJA**  
**STAFF PERSONAL RECORDS FORM (B)**

Attach Recent  
Passport  
Photograph

**PERSONAL DETAILS:**

1. Name:.....  
Surname Other names Title (Mr., Mrs., Miss, Ms)
2. Gender:.....
3. Date of Birth:.....
4. Marital Status:.....
5. Nationality:.....
6. State of Origin:.....
7. Local Government Area:.....
8. Current Residential Area:.....  
.....
9. Contact Address (Not P. O. Box):.....  
.....
10. Permanent Home Address:.....  
.....
11. Phone Number(s):.....
12. Date of First Appointment and Designation:.....
13. Present Designation:.....
14. Department:.....
15. Division/ Unit:.....
16. Next of Kin:
  - (A.) Name:.....
  - (i) Relationship to you:.....
  - (ii) Address:.....  
.....
  - (iii) Phone No(s):.....
  - (B) Name: .....
  - (i) Relationship to you:.....
  - (ii) Address:.....  
.....
  - (iii) Phone No(s):.....
17. In case of Death, my benefits should be paid in favour of:
  - (i) Name:.....
  - (ii) Relationship to you:.....
  - (iii) Address:.....  
.....
  - (iv) Phone No(s):.....

I ..... hereby declare that the information contained in this form supersedes the one earlier filled by me on assumption of duty in the College.

.....  
Signature

.....  
Date