



**THE FEDERAL UNIVERSITY OF TECHNOLOGY, AKURE  
CORPS MEMBERS FORM**

*Please fill in block letters*

..... SURNAME	..... OTHER NAMES	..... TITLE
1. INSTITUTION ATTENDED:.....		
2. QUALIFICATION:.....		
3. CLASS OF DEGREE (1 <sup>st</sup> class, 2 <sup>nd</sup> class upper, etc.):.....		
4. AREA OF SPECIALIZATION:.....		
5. YEAR OF GRADUATION:.....		
6. NYSC CODE NO:.....		
7. NYSC CALL UP NO:.....		
8. DATE OF COMMENCEMENT OF SERVICE YEAR:.....		
9. EXPECTED DATE OF COMPLETION OF SERVICE YEAR:.....		
10. DATE OF BIRTH:.....		
11. STATE OF ORIGIN:.....		
12. LOCAL GOVERNMENT AREA:.....		
13. TOWN:.....		
14. PERMANENT HOME ADDRESS:.....		
15. CONTACT ADDRESS:.....		
16. E-MAIL/GSM ADDRESS:.....		
17. MARITAL STATUS:.....		
18. NEXT OF KINS (2):.....		
19. RELATIONSHIP WITH NEXT OF KINS:.....		
20. NEXT OF KINS ADDRESS (Including e-mail & GSM):.....		
i. ....		
ii. ....		
21. NAME AND ADDRESS (Including GSM No) OF WHO TO CONTACT IN CASE OF EMERGENCY: ..... .....		

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

..... SIGNATURE	..... DATE
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**FOR OFFICIAL USE:**

1.	DATE OF ASSUMPTION OF DUTY:.....
2.	DEPARTMENT DEPLOYED:.....

..... NAME AND SIGNATURE OF OFFICIAL	..... DATE
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