

THE FEDERAL UNIVERSITY OF TECHNOLOGY, AKURE



Office of the Registrar
(DIRECTORATE OF ESTABLISHMENT AND HUMAN RESOURCE)

STAFF PERSONAL RECORD

Please complete this form in triplicate.

A. PERSONAL DETAILS

- 1. NAME:
(Surname first)
- 2. DATE OF BIRTH:
(Attach evidence)
- 3. MARITAL STATUS:
(Attach evidence if married)
- 4. NATIONALITY:
- 5. STATE OF ORIGIN:
- 6. HOME TOWN:
- 7. LOCAL GOVT. AREA:
- 8. PRESENT ADDRESS:
.....

B. FAMILY DETAILS

- 9. NAME(S) OF SPOUSE(S) (Where applicable):
- 10. DEPENDENT CHILD(REN) (Attach Documentary evidence)

<u>NAME</u>	<u>DATE OF BIRTH</u>	<u>PLACE OF RESIDENCE</u>
.....
.....
.....

11. NEXT-OF-KIN

- (i) NAME:
ADDRESS:
.....
- (ii) NAME:
ADDRESS:
.....

NOTE: Please report to the Registrar, changes or additions to any of the information provided in 1 to 21 above.

E. REFEREES

22. Give the names and full addresses of three responsible persons (other than employers or relatives) who can vouch for your character.

1. **Name:**

Address:

.....

Occupation:

2. **Name:**

Address:

.....

Occupation:

3. **Name:**

Address:

.....

Occupation:

F. GENERAL

23. 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, and that I

- Have been convicted by a civil criminal court
 - Have not been convicted by a civil criminal court
- Tick as appropriate.

.....
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

2. **Date:**

3. **Appointment elsewhere after end of Tenure:**

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