



AHMADU BELLO UNIVERSITY, ZARIA
(Office of the Registrar)

STAFF TRAINING SCHEME

Form No. ADM/11/_____

Our Ref: R/ST/100/_____

ADMISSION FOR ACADEMIC SESSION

**2 (TWO) MOST
RECENT COPIES
OF YOUR
PASSPORT
PHOTOGRAPHS**

Note:

- (a) This Application Form must be duly recommended and also signed by your **Head of Department** while **Institute Secretary** must recommend and also sign for all staff of Institutes and Centres.
- (b) All properly filled, signed and stamped Application Forms should be returned to Room 505, Training Office, Senate Building, attaching photocopies of *all your credentials, appointment letter, confirmation letter, letter of last promotion and receipt for purchase of this form.*
- (c) Only applicants who satisfy the minimum pre-requisites would be considered for admission.

I. PERSONAL DETAILS:

(a) NAMES IN FULL _____

(Usual First Name)

(Middle Name *if any*)

(Surname)

(b) MALE/FEMALE: _____ (c) MARITAL STATUS: _____

(d) DATE OF BIRTH: _____ (e) PLACE OF BIRTH: _____

(f) STATE OF ORIGIN: _____ (g) NATIONALITY: _____

(h) PRESENT EMPLOYERS: _____

(i) PRESENT DEPARTMENT: _____

(j) DATE OF APPOINTMENT AND RANK: _____

(k) DATE OF CONFIRMATION: _____

(l) PRESENT RANK AND DATE: _____

(m) CONTACT ADDRESS [if different from (i) above] / PHONE NUMBER: _____

(n) RECEIPT NO. _____ (o) DATE: _____

II. COURSE OF CHOICE (in order of preference)

(a) _____

(b) _____

(c) _____

III. QUALIFICATIONS

(a) Academic qualifications with dates e.g. Primary School Certificate, WASC, GCE, RSA, NECO, etc.

(i) _____

(ii) _____

(iii) _____

(b) Trade, Technical or Departmental Training Received with Dates:

(i) _____

(ii) _____

(iii) _____

IV. **DECLARATION:** I hereby declare that the information provided in this form is to the best of my knowledge correct and that if admitted, I shall remain bound by the Regulations of the Training Scheme. That any false information provided will render my admission null and void.

Date _____ Signature _____

V. RECOMMENDATION

I certify that the applicant is a staff member of my Department/Institute who has been duly nominated to attend the course and will accordingly be permitted to attend the course if admitted.

Full Names of Head of Department (For Staff of Faculties and Depts)
Institute Secretary (For Staff of Centres and Institutes)

Date

VI. FOR OFFICE USE ONLY

(a) Application received on _____ Receipt No. _____

(b) Photocopies of particulars submitted _____

(c) Checked by _____ Date _____

(Please Note that No External Professional Examination of the Nigerian Institute of Science Technology, Ibadan after training)