

(Regulation 11(1)(d))

QUALIFICATIONS OF THE ACADEMIC, ADMINISTRATIVE AND TECHNICAL STAFF

Important notice:

This form shall be completed in compliance with-

- (a) the minimum guidelines on Employment Staff Performance Review and Career Development issued by the Commission;
- (b) Minimum Guidelines and Norms for Governance units; and
- (c) Any other guidelines related to staff of the university.

PART I
INSTITUTIONAL PROFILE

1. Name of the Institution:
2. Category of the Institution (university/college/institute/centre/directorate/faculty/ department/unit):
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3. Type of the institution (public/private/Public Private Partnership (PPP)):
4. Particulars of the institution:-
 - (a) Physical address of the institution:
 - (b) Postal address of the institution:
 - (c) Postal Code:
 - (d) Telephone Numbers:
 - (e) Mobile Number:
 - (f) Fax Number:
 - (g) Email Address:
 - (h) Website:

PART II
ACADEMIC STAFF PROFILE

CLUSTER	NAME OF THE ACADEMIC STAFF	NATIONALITY	AGE	ACADEMIC RANK	POSITION	ACADEMIC QUALIFICATIONS	DURATION OF STUDIES	CONFERRING INSTITUTION(S)	YEAR QUALIFICATION OBTAINED	EMPLOYMENT STATUS			REMARKS
										FULL TIME	PART TIME	CONTRACT	
1						Bachelor Degree							
						Master Degree							
						Doctoral Degree							
						Others (<i>Specify</i>)							
2						Bachelor Degree							
						Master Degree							
						Doctoral Degree							
						Others (<i>Specify</i>)							
3						Bachelor Degree							
						Master Degree							
						Doctoral Degree							
						Others (<i>Specify</i>)							
4						Bachelor Degree							
						Master Degree							
						Doctoral Degree							
						Others (<i>Specify</i>)							
5						Bachelor Degree							
						Master Degree							
						Doctoral Degree							
						Others (<i>Specify</i>)							
6						Bachelor Degree							
						Master Degree							
						Doctoral Degree							
						Others (<i>Specify</i>)							

**PART III
ADMINISTRATIVE AND TECHNICAL STAFF PROFILE**

S/N	NAME OF STAFF	NATIONALITY	AGE	DESIGNATION	CURRENT PROFESSIONAL QUALIFICATION	ACADEMIC QUALIFICATIONS	DURATION OF STUDIES	CONFERRING INSTITUTION(S)	YEAR QUALIFICATION OBTAINED	EMPLOYMENT STATUS			REMARKS
										FULL TIME	PART TIME	CONTRACT	
1.						Bachelor Degree							
						Master Degree							
						Doctoral Degree							
						Others (Specify)							

**PART IV
DECLARATION**

I declare that the information provided above is true to the best of my own knowledge

Name:

Title:

Signature:

Date/.....20.....

Official Stamp or Seal