



FEDERAL REPUBLIC OF NIGERIA
FEDERAL MINISTRY OF EDUCATION

GOVERNING COUNCILS OF UNIVERSITIES, POLYTECHNICS
AND FEDERAL COLLEGES OF EDUCATION

MEMBERSHIP REGISTRATION FORM



SECTION 1: PERSONAL INFORMATION

1. Full Name:
First Name Middle Name Other Name Last Name Title (with Honours, if any)

2. Gender: Date of Birth: Place of Birth:
DD/MM/YYYY

3. Home Town:..... LGA: State of Origin:

7. *Residential Address:
- Street Address:
- City: State: Postal Code:

SECTION 2: CONTACT INFORMATION

1. Phone Number:;;
Alternate WhatsApp

2. Email Address:.....;
Official Private

4. Emergency Contact:

Name: Relationship:

Phone Number: Email:

SECTION 3: PROFESSIONAL INFORMATION*

1. Current Occupation: Profession:

2. Employer:

- Name:

- Address:

- Phone Number: Email:

3. Professional Qualifications:

Degrees:

Institution:

Year of Graduation:

4. Professional Affiliations:

5. Previous Experience in Governance or Education Administration:

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SECTION 4: APPOINTMENT DETAILS:

1. Institution Name:

2. Position on the Governing Council:

Section 5: Declaration and Signature

Ihereby declare that the information provided above is accurate to the best of my knowledge. I agree to abide by the rules and regulations governing the operations of the Governing Council.

Signature:..... **Date:**

For Official Use Only:

Date of Appointment: **4. Tenure Duration:**
DD/MM/YYYY

Received By: Date Received:

Instructions for Submission:

The completed Registration Form should be submitted along with the following documents:

1. A copy of your appointment letter.
2. A recent passport-sized photograph.
3. Copies of relevant academic and professional certificates.