

UNIVERSITY OF ILORIN, NIGERIA

DIRECTORATE OF HUMAN RESOURCES



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INTRODUCTION OF MEMBER OF STAFF TO THE CLINIC FOR REGISTRATION

NAME OF STAFF IN FULL:

FACULTY/DEPARTMENT:

DESIGNATION:

DATE OF FIRST APPOINTMENT:

DEPENDANT ELIGIBLE FOR TREATMENT AT THE CLINIC (i.e Wife and Maximum of five children).

S/N	FULL NAME	DATE OF BIRTH	SEX	RELATION

.....
STAFF SIGNATURE

DATE:

.....
REGISTRAR'S SIGNATURE

DATE: