

UNIVERSITY OF ILORIN, NIGERIA

DIRECTORATE OF HUMAN RESOURCES



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APPLICATION FORM FOR LEARNED CONFERENCE FUND (LOCAL CONFERENCES) FOR NON-TEACHING

1. Name of Applicant:.....

Title First Name Middle Name **SURNAME**

2. Department/Unit:.....File Number

3. Present Post /CONTISS/CONHESS/COMESS.....

4. Phone No:..... Official E-mail (Unilorin):.....

5. Date of First Appointment:

6. (a) Conference for which the application is being sought

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(b) Venue:

(c) Duration:

7. Indicate the importance/relevance of the Conference to your duty:

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.....

8. A detailed statement of financial assistance required from the University (Request should be based strictly on the conditions stipulated in the Regulations)

- a. Conference Registration Fee: ₦:.....
- b. Duty Tour Allowance (DTA):
- c. 30% of DTA:
- d. Kilometer Allowance
- e. Grant Total:

9. Kindly provide your Bank details in these orders:

(i) **Bank Name:**.....

(ii) **Account Number:**.....

(iii) **Account Name:**.....

10. Recommendation of the Head of Unit:.....

.....

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Name Signature Date

NOTE: Any misinformation on the part of the applicant will be liable to sanction by the University of Ilorin