

UNIVERSITY OF ILORIN, NIGERIA

DIRECTORATE OF HUMAN RESOURCES



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File No:

Phone No:

INTRODUCTION OF SPOUSE / CHILD(REN)

FULL NAME OF STAFF:
(Name in full, Surname first)

FACULTY / DEPARTMENT/UNIT:

DESIGNATION:

NOTE: SPOUSE/CHILDREN (i.e. Maximum of five child(ren))

Pls attach marriage certificate & birth certificate(s) of child(ren)

S/NO	FULL NAME (NO INITIALS PLEASE)	DATE OF BIRTH	SEX	RELATIONSHIP

Deputy Registrar (DHR)

Signature:

Name:.....

Date:.....

Signature:

Date:

(with official Stamp)

Distribution

DHR- Record
DHR- IT Officer
Staff Copy

RECEIVED & CHECKED BY NAME:

SIGNATURE/DATE.....