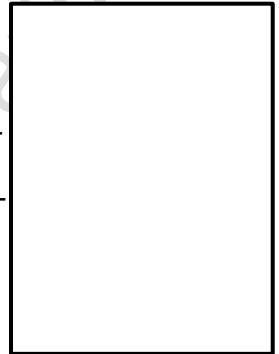




NATIONAL BOARD FOR ARABIC AND ISLAMIC STUDIES (NBAIS)

SENIOR STAFF CERTIFICATE VERIFICATION FORM

(Staff are to fill this form and attach all photocopies of the Certificates and a recent passport photograph on each)



NAME OF STAFF:

STAFF FILE NUMBER: DEPT/UNIT:

1. QUALIFICATION/LEVEL OF EDUCATION (please tick as appropriate)

a. HND b. DEGREE c. MASTERS d. Ph. D

2. DETAILS OF ACADEMIC QUALIFICATION

S/NO	INSTITUTION ATTENDED	QUALIFICATION OBTAINED	YEAR OF GRADUATION

3. NYSC DISCHARGE/EXEMPTION CERTIFICATE

S/NO	TYPE OF CERTIFICATE (discharge, exemption or exclusion)	CERTIFICATE NO.	YEAR OBTAINED

STAFF SIGNATURE: DATE:

NAME OF HOD: SIGNATURE & DATE:

FOR OFFICIAL USE

A. CERTIFICATE: CLEARED NOT CLEARED

B. VERIFYING OFFICERS COMMENT

.....

NAME OF VERIFYING OFFICER: SIGN & DATE:

NAME OF COMMITTEE CHAIRMAN: SIGN & DATE: