



TETFUND AST&D NOMINATION FORM

(To be completed by Candidate and Beneficiary institution)

YEAR OF INTERVENTION-----

- (i) Name of Candidate/Staff.....
- (ii) Gender Female Male
- (iii) Date of Birth:.....
- (iv) Institution (i.e. Duty Post/Beneficiary Institution)
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- (v) Signature of Candidate/Staff

**CANDIDATE'S
PASSPORT
PHOTOGRAPH**

S/N	DETAILS OF CANDIDATE'S/NOMINEE'S DATA/INSTITUTIONAL RECORDS		
1.	Department		
2.	Qualifications with Dates	Degree(s)	Date Obtained:
3.	Dated of 1 st Appointment		
4.	Duration of Entire Work Experience		
5.	Number of Years spent in the Institution		
6.	Other Remarks		

Signature of Vice Chancellor/Rector/Provost (Including Stamp)

Signature of Head of Department (HOD) (Including Stamp)

Signature of Dean/Director (Including Stamp)