



# 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) .....
- .....
- (v) Signature of Candidate/Staff .....
- (vi) Salary Account No / Name of Bank.....
- (vii) Email Address / Telephone No.....

**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 <sup>st</sup> 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)*

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*Signature of Dean/Director (Including Stamp)*