

KWARA STATE POLYTECHNIC, ILORIN

(DIRECTORATE OF STUDENTS' SERVICES)

DSS/SA/21/VOL.X/1001

Date:

Passport Photograph

NOMINATION FORM FOR ELECTIVE OFFICE OF THE STUDENT UNION EXECUTIVE/ INSTITUTE AND DEPARTMENTS & NAKSS

STUDENT UNION EXECUTIVES	INSTITUTES	DEPARTMENTS	NAKKS
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Please tick as appropriate

KWARA STATE POLYTECHNIC 2020/2021 SESSION.

Email:, Phone Number:

1. I,

(NAME OF STUDENT WITH MATRIC NUMBER IN FULL)

Dept. of Session:

I,, Head of Department of duly signs and affirms that the above named Student with picture is a registered student of the Department of.....

I,(Name & Signature),the Director of the Institute, hereby confirms that the above named is a registered student of the Institute of, and is contesting for post of of the Students' Union Executive/ Institute/ Department Election. We also confirm that he/ she has fulfilled the Conditions for elective post as laid down by the Polytechnic viz: Full Registration as a student of the Polytechnic and possession of valid Student Identity Card /Original School Fees Receipts. (To be signed)

2. In the event of false declaration that is later detected, the candidate renders himself disqualified.

NAME OF NOMINATOR/ SECONDER (Registered Student)	Matriculation Number	SIGNATURE & DATE

NAME OF GUARANTOR/ NEXT OF KIN	RELATIONSHIP	PHONE NUMBER	SIGNATURE	DATE

Name of HOD:, Signature and Stamp:

Comment:

Name of Director:, Sign and Stamp:

Comment:

DATE OF BIRTH: State Of Origin:

L.G.A: