

LAGOS STATE UNIVERSITY

INDIGENESHIP VERIFICATION COMMITTEE

PERSONAL DATA FORM

1. Name of Candidate:.....
2. Present Address:.....
3. Permanent Address:.....
4. Faculty/Division to which Admission/Employment is sought:.....
5. Department:.....
6. State of Origin:.....
7. Schools Attended with dates and Qualifications Obtained:
 - i)
 - ii)
 - iii)
 - iv)
8. Name of Father:.....
 - i) State of Origin of Father.....
 - ii) Name of Father's Parents – (Change names to be indicated where applicable).....
 - iii) Name of Family's Compound (If from Lagos State).....
.....
 - iv) Eldest surviving persons in the Family Circle
 - a) Name(s).....
 - b) Age(s).....
 - v) Length of Father's settlement in Lagos State.
(Tick whichever is applicable)
 - a) 0 – 10 Years
 - b) 10 – 50 Years
 - c) 50 – 100 Years
 - vi) Local Government Area (indicate Local Government Area. Home Town or Place of Origin)
 - i) Grand Parent:.....

ii) Parents:.....

iii) Self:.....

9. Name of Mother:.....

i) State of Origin of Mother:.....

ii) Name of Mother's Parents (Changed names to be indicated where applicable):

.....

iii) Name of family's Compound (if from Lagos State).....

iv) Eldest surviving persons in the Family circle

a) Name(s):.....

b) Age(s):.....

v) Length of Mother's settlement in Lagos State

(Tick whichever is applicable)

a) 0 – 10 Years

b) 10 – 50 Years

c) 50 – 100 Years

vi) Local Government Area (indicate Local Government Area. Home Town or Place of Origin

for:

i) Grand Parent:.....

ii) Parents:.....

iii) Self:.....

10, **ACCEPTABLE DOCUMENTARY EVIDENCE:**

i) Photocopy of Birth certificate of the Applicant

ii) Photocopy of Birth certificate of Applicant's Father

iv) Evidence of title to landed property (Long-Standing title usually over 50 years)

v) Written testimony from relevant Oba to certify claim to Lagos State

vi) Written testimony from Secretary to your Local Government Area

DECLARATION:

I.....certify that the Statements given are true to the best of my knowledge. I agree that the University reserves the right to apply appropriate disciplinary measures, which may include prosecution, in case it is discovered that I have made some false claim/information on this form.

.....

SIGNATURE

.....

DATE