



**UNIVERSITY OF MAIDUGURI  
Office of the Registrar**

**MANPOWER AUDIT COMMITTEE**

**PHYSICAL VERIFICATION FORM**

GSM-----

1. Name:----- Staff No.-----

**Surname first**

2. Date of Birth:-----Local Govt.-----Town-----

3. Nationality:-----

4. Department/Unit:-----e-mail:-----

5. Employment Category:-----

*(Permanent/ Contract/Sabbatical/Visiting/Temp)*

6. Date of first Appointment:-----Rank on first Appointment-----

7. Date of confirmation of Appointment:-----

8. Date of last promotion:-----Current Rank/GL-----

9. Accommodation status / House No.:-----

10. Bank Name:-----Account No:-----

11. Next of Kin:-----

12. Address of Next of Kin:-----GSM:-----

13. Relationship with Next of Kin:-----

14. **DECLARATION: I**-----**hereby confirm that the information given above are correct.** Sign:-----Date:-----

**HOD**.....Signature-----Date:-----

Com. Chairman .....Signature-----Date:-----

**Note:**

- i. Attach a copy of article 7 and 8. Endeavor to return the completed form to the Committee on verification day.
- ii. Failure to return the form as requested above could result in non- migration of the staff from IPPIS.