LIBRARIANS’ REGISTRATION FORM

1. TITLE (e.g. Dr, Mr)  SURNAME  OTHER NAMES

2. PREVIOUS NAME(S) (IF NAME HAS CHANGED) WITH DATE

3. DATE OF BIRTH  GENDER  NATIONALITY  STATE  LGA
   D  M  Y

4. CURRENT OFFICE ADDRESS  PERMANENT HOME ADDRESS
   E-mail:  Tel:  E-mail:  Tel:

5. LAST FOUR TERTIARY INSTITUTIONS ATTENDED  QUALIFICATION OBTAINED  DATES
   Most Recent:

6. PRESENT EMPLOYMENT
   Employer: ………………………………………………….. Address: ………………………………..
   ………………………………………………………………………..
   Status: ………………………….. Date of Employment: ………………………………..
   Salary/GL/HATTISS/CONRAISS: ……………………………………………………..

7. WORK EXPERIENCE
<table>
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<tr>
<th>ORGANISATION</th>
<th>START DATE</th>
<th>POSITION HELD</th>
<th>MAIN RESPONSIBILITIES</th>
<th>COMMENTS</th>
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8. ANY OTHER INFORMATION: ……………………………………………………………………..
   ……………………………………………………………………..
9. ATTESTATION BY APPLICANT
I …………………………………………………………………. attest to the fact that all information provided in the previous page is true.

Signature of applicant: ………………………… Date: ……………………………

10. RECOMMENDATION BY (HEADS OF LIBRARIES/LIBRARY SCHOOLS/FELLOWS)
I …………………………………………………………………………… endorse this application for LRCN registration.
Status ………..., Renewal Status – (i) Up to date ....... (ii) Not up to date...... (pls indicate year)
Signature …………. Date ……………………………………………………Official Stamp

FOR OFFICE USE ONLY

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<th>LRCN REG. NO.</th>
<th>DATE OF REG.</th>
<th>PENDING</th>
<th>DATE RECEIVED</th>
<th>BY WHOM</th>
<th>DATE APPROVED</th>
<th>DATE NOT APPROVED</th>
</tr>
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</table>

Please refer all enquiries to the REGISTRAR, LRCN ABUJA.

LIBRARIANS’ REGISTRATION COUNCIL OF NIGERIA

A. MODE OF REGISTRATION
An Applicant is required to pay a non-refundable processing fee through any Commercial Bank to our account

- Account Name: Librarians’ Registration Council of Nigeria
- Payment should be made to the Council’s Treasury Single Account (TSA) through the Remita Platform.

B. REGISTRATION DOCUMENTS
In addition to filling the registration form, the following documents must be attached to the completed forms:
1) 3 Passport size photographs (please write your name behind it)
2) Photocopies of all relevant certificates
3) Photocopy of Birth Certificate or a Statutory Declaration of Age
4) Photocopies of evidence of change of name where applicable
5) Photocopy of NYSC Certificate or Exemption letter
6) Original Bank Printout/teller

C. Completed forms and relevant documents should be returned to the Registrar/CEO, Librarians’ Registration Council of Nigeria (LRCN), 2nd Floor, Stephen Oronsaye Block, Public Service Institute of Nigeria, Kubwa Expressway, Abuja. Alternatively, scan to info@lrcn.gov.ng or lrcn.info@yahoo.com

Please refer all enquiries to the REGISTRAR/CEO, LIBRARIANS’ REGISTRATION COUNCIL OF NIGERIA (LRCN), 2ND FLOOR, STEPHEN ORONSAYE BLOCK, PUBLIC SERVICE INSTITUTE OF NIGERIA, KUBWA EXPRESSWAY, ABUJA, P. M. B. 5555 GARKI, ABUJA