



**UNIVERSITY OF MEDICAL SCIENCES, LAJE ROAD,  
ONDO, ONDO STATE**

Affix  
Passport

**ASSUMPTION OF DUTY FORM**

NAMES IN FULL (*Surname last*) Prof/Dr/Mr/Mrs/Miss/Ms: .....

ADDRESS: .....

DESIGNATION: .....

SALARY GRADE/STEP: ..... STAFF ID: .....

FACULTY: ..... DEPT/UNIT: .....

ACTUAL DATE OF ASSUMPTION OF DUTY: .....

.....  
**SIGNATURE OF OFFICER & DATE**

**PERSONAL DATA**

NAMES IN FULL (*Surname last*): .....

SEX (*Male/Female*): ..... MARITAL STATUS (*Single/Married*): .....

QUALIFICATIONS AND DATE: .....

NATURE OF APPOINTMENT: (Permanent/Sabbatical/Visiting/Temporary/Transfer of Service/Contract)  
(Delete which is not applicable)

DESIGNATION: .....

SALARY GRADE/STEP: .....

DATE OF BIRTH: .....

DAY MONTH YEAR

TELEPHONE NUMBER/E-MAIL ADDRESS: .....

HOME TOWN: .....

LOCAL GOVERNMENT AREA: .....

STATE OF ORIGIN: .....

NATIONALITY: .....

DATE OF ASSUMPTION OF DUTY: .....

DATE OF PREVIOUS APPOINTMENT (*for those already working in the University*): .....

DATE OF CONFIRMATION: .....

DATE OF LAST PROMOTION: .....

PRESENT POSITION: .....

NEXT OF KIN: .....

NEXT OF KIN'S ADDRESS & TELEPHONE NUMBER: .....

**NOTE: ALL ACADEMIC STAFF SHOULD ATTACH TO THIS FORM THEIR PROFILE, PEDAGOGY, TRAINING CERTIFICATES AND GOOGLE SCHOLAR PAGE.**

**HEAD OF DEPARTMENT'S CERTIFICATION** *(to be completed after 30 days of continuous service upon assumption of duty)*

I certify that Prof/Dr/Mr/Mrs/Miss/Ms .....  
assumed duty in the Department of .....  
on ..... and has been consistently on duty throughout the period.

Dean of Faculty/HOD's name: .....

Signature: .....

Date: .....

**PERSONNEL OFFICER**

- (i) Offer of appointment was duly approved (Yes/No)
- (ii) There is vacancy to accommodate him/her (Yes/No)
- (iii) Number of vacancies available for the position
- (iv) I confirm that Prof/Dr/Mr/Mrs/Miss/Ms .....  
actually assumed duty on .....

Personnel Officer's name: ..... Signature & Date: .....

**RECOMMENDATION FOR PLACEMENT ON PAYROLL**

I recommend that ..... should be placed on Payroll with effect from .....

Registrar's Signature: ..... Date: .....

**Distribution:**

Vice-Chancellor  
Registrar  
Bursar  
Dean, Faculty of .....  
Director, Academic Planning  
HOD, .....  
Head, Internal Audit  
File