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 Website: http://www.swap-nigeria.org

**STUDENTS COMPASSION FORUM
 REGISTRATION FORM FOR TERTIARY INSTITUTIONS**

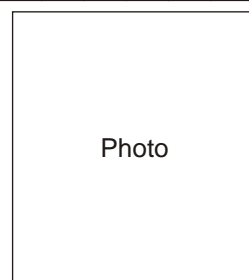
Name of Institution:

Postal Address:

PERSONAL DATA OF THE REGISTRANT

Name:

Permanent Home Address:



Contact Address:

Home Phone: Mobile:

Email:

Date of Birth: DD MM YY Sex: M/F

State of Origin: L. G. A.:

Home town:

School:

Faculty: Department:

Level: Reg./Mat. No.:

ATTESTATION

FOR THE APPLICANT

I,

Name of applicant

hereby affirm that the details given above is true and correct. If in the event of any, being false, I take full responsibility to accepting the consequences

Signature/Date of applicant:

FOR THE STAFF ADVISER

I,

as a staff of

hereby attest and confirm that the above person is known to/by me as a student of this institution as indicated above and that I have agreed to become the Staff Adviser for the group.

Signature/Date of Staff Adviser:



Current Membership Strength

KEY OFFICERS DATA

SECRETARY

Name:

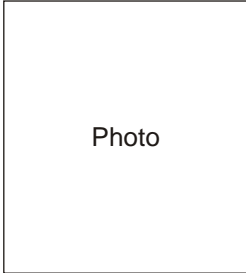
Permanent Home Address:

Contact Address:
 P. O. Box:

Home Phone: Mobile:

Email:

Faculty: Department:
 Level: Reg./Mat. No.:



Signature & Date:

TREASURER

Name:

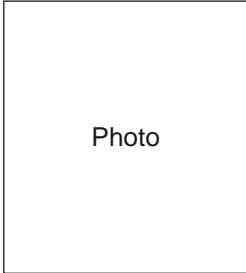
Permanent Home Address:

Contact Address:
 P. O. Box:

Home Phone: Mobile:

Email:

Faculty: Department:
 Level: Reg./Mat. No.:



Signature & Date:

Kindly state in Brief why you want the Compassion Forum established in your Institution:

FOR OFFICIAL USE ONLY

Comments

Signature/Date and Stamp:
Of the Receiving Officer