LAGOS STATE POLYTECHNIC, IKORODU

ADMISSION COMMITTEE

LAGOS STATE ORIGIN VERIFICATION FORM

1.	Name of Candidate:		
2.	Present Address:		
3.	Permanent Address (If different from 2 above):		
4.	School to which Admission is sought:		
5.	Department:		
6.	Programme: ND HND		
7. 8.	Local Government of Origin:		
	(i) State of Origin of Father		
9.	Paternal Grand Parents		
	(i) Name of Grand Father —(Change of names to be indicated where		
	Applicable)		
	(ii) Name of Grand Mother:		
	(iii) Family Compound:		
	(iv) Eldest surviving person in the Family Circle		
a)	Name		
b)	Age		
(v)	L ength 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	e of Mother:	••••••	
(i) St	tate of Origin of Mother:		
10. Mater	rnal Grand Parents		
(i) Nar	ne of Grand Father — (Chan	ge of names to be indicated where	
A	pplicable)		
(ii) Na	me of Grand Mother:		
(iii) Family Compound:			
(iv) El	(iv) Eldest surviving person in the Family Circle		
(a)	Name:		
(b)	Age:		
(a) (b)	ngth of Mother's settlement in 0 – 10 Years 10 –50 Years 50 – 100 Years	n Lagos State (Tick whichever is applicable)	
` ,		ate Local Government Area, Home Town or	
Place of Origin for:			
(i	Grand Parent		
(i	i) Parents		
(i	ii) Self:		
11. ACCEPTAB	LE DOCUMENTARY EVIL	DENCE:	
(i) (ii) (iii (iv (v)	 Evidence of title to land 50 years) Written testimony from S Written testimony from S 	icate of the Applicant icate of Applicant's Father ed property (Long-Standing title usually over relevant Oba to certify claim to Lagos State Secretary to your local Government Area	
<u>DECLARATION</u>			
		certify that the	
_	_	knowledge. I agree that the Polytechnic	
		disciplinary measures, which may include	
•	case it is discovered that l	have made some false claim/information on	
this form.			
••••	•••••	•••••	
SIGNATU	JRE	DATE	