

INTERNAL MEMO

FROM: ACM (AHR)

TO: SEE DISTRIBUTION

REF: FRSC/HQ/AHR/20/A/VOL.3/151

17th NOVEMBER, 2011

**RE: FEDERAL STAFF LIST VERIFICATION EXERCISE: SUBMISSION OF
NORMINAL ROLL COVERING OFFICERS ON GRADE LEVEL 01 AND ABOVE**

References:

A. PEN/63903/S.64/T dated 19th Oct. 2011

B. PEN/63903/64/T2 dated 19th Oct. 2011

References A & B are in respect of the above underlined subject.

2. Head of Civil Service of the Federation has approved the publication of Federal staff list, 2011 Edition to cover Federal Civil Servants on Grade Level 01 and above.
3. In view of the above all Marshals from GL. 03 - 06 (i.e RMAIII - SRMA/RMII) throughout all FRSC formations and RSHQ are hereby directed to complete the attached form (FSL 001) and return same to ACM (AHR) RSHQ Abuja on or before 25th November, 2011.
4. All Commanding Officers are directed to download the attached form and ensure that all concerned filled the form under strict supervision. All completed forms are to be collated at each Zonal Command Headquarters and forwarded to ACM (AHR) RSHQ.
5. Treat as imperative.

AA Abu

Assistant Corps Marshal

ACM (Admin & Human Resources)

For: Corps Marshal & Chief Executive

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OFFICE OF THE HEAD OF CIVIL SERVICE OF THE FEDERATION
VERIFICATION ON BIO-DATA (OFFICERS ON GL. 01 AND ABOVE)
FOR THE PRODUCTION OF FEDERAL STAFF 2011

1. Name in full: (Surname).....
(other names)

2. Sex

3. Date of Birth:.....

4. State of Origin:..... (Local Government Area).....

5. Qualification Obtained Before and After Employment (indicate Discipline and date)
.....

6. Date of 1st Appointment:.....

7. Date of Present Appointment:.....

8. Date of Confirmation of Appointment:.....

9. Present Appointment/Grade Level Date

10. Present Posting/MDA:..... File No..... Location.....

11. Schools /Institutions Attended with Dates:

- (i)
- (ii)
- (iii)
- (iv)
- (v)
- (vi)

12. Evidence of Approval for courses Attended after employment:
.....
.....

13. Attestation:

I..... hereby affirmed that the information above
as provided by me are correct.

.....
Officer's Signature/Date

Name/Signature:.....
Head of Department/Name
Date:

14. Verification Officer's Name: Signature:..... Date.....