

LIBRARIANS' REGISTRATION COUNCIL OF NIGERIA (LRCN)

Veterinary Council of Nigeria Building,
No. 8, Zambezi Crescent Maitama, P.M.B. 5555 Garki, Abuja, Nigeria
Tel: 08130000149
Email: info@lrcn.gov.ng
Website: www.lrcn.gov.ng



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/HATISS/CONRAISS:

7. **WORK EXPERIENCE**

ORGANISATION	START DATE	POSITION HELD	MAIN RESPONSIBILITIES	COMMENTS
			1.	
			2.	
			3.	
			4.	
			1.	
			2.	
			3.	
			4.	
			1.	
			2.	
			3.	
			4.	

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

LRCN REG. NO.	DATE OF REG.	PENDING	DATE RECEIVED	BY WHOM	DATE APPROVED	DATE NOT APPROVED

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
- **Account Number:** 051702700100

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 teller

C. Completed forms and relevant documents should be returned to the Registrar/CEO, Librarians’ Registration Council of Nigeria (LRCN), Veterinary Council of Nigeria Building, No. 8 Zambezi Crescent, Maitama, Abuja. Alternatively, scan to info@lrcn.gov.ng or lrcn.info@yahoo.com

Please refer all enquires to the **REGISTRAR/CEO, LIBRARIANS’ REGISTRATION COUNCIL OF NIGERIA (LRCN), VETERINARY COUNCIL OF NIGERIA BUILDING, NO. 8 ZAMBEZI CRESCENT, MAITAMA, P. M. B. 5555 GARKI, ABUJA**