



**FEDERAL CIVIL SERVICE COMMISSION
FEDERAL CIVIL SERVICE DATABASE (FCSD) FORM**

For FCSC Use Only	<i>Date Received Stamp</i>	FCSC Actions Taken	<i>Affix a passport photograph here</i>

This is a fillable PDF form, you are strongly advised to fill the form online before printing. Type or print all your entries in BLOCKLETTERS in black ink. All fields must be completed, unless otherwise indicated as not required with *. Date format is dd/mm/yyyy. Note: Any False Declaration will receive appropriate sanction.

Part 1. Identification Number

FCSC File Number	Establishment Number	IPPIS Records Number	National Identification Number
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Part 2. Information About You

1. Your Legal Name

Your Surname (Last Name)	First Name	Other Names
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2. Names you have used in the Past (including aliases and maiden name if applicable)

Your Surname (Last Name)	First Name	Other Names

3. Date of Birth	4. Place of Birth	5. Gender Female Male
6. Nationality	7. State of Origin	8. Local Government
9. Marital Status		

Part 3. Information to Contact You

10. Contact Information

Office Phone Number	Mobile Phone Number	Other Phone Number
Official E-Mail Address	Other E-Mail Address	

FEDERAL CIVIL SERVICE DATABASE (FCSD) FORM

FCSC File No.:

Part 4. Information About Your Residence**11. Your Current Residential Address**

Street Number and Name			
City	Local Government	State	Postal Code*
Province/Region (foreign address only)		Country (foreign address only)	Postal Code (foreign address only)

Part 5. Information About Your Parents & Spouse**12. Father's Information**

Surname	Other Names	State of Origin
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13. Mother's Information

Maiden Surname	Other Names	State of Origin
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14. Spouse's Information

Surname	Other Names	State of Origin
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Part 6. Information about Education & Qualifications (Primary, Secondary, Tertiary & Professional)**15. Primary Education**

Name of Institution	Date From (MM/YYYY)	Date To (MM/YYYY)	Certificate Obtained	Certificate No.*

16. Secondary Education*(List in chronological order starting with most recent event. If you require more space, use a separate sheet of paper and reference the form item number)*

Name of Institution	Date From (MM/YYYY)	Date To (MM/YYYY)	Certificate Obtained	Certificate No.*

17. Tertiary Institutions*(List in chronological order starting with most recent event. If you require more space, use a separate sheet of paper and reference the form item number)*

Name of Institution	Date From (MM/YYYY)	Date To (MM/YYYY)	Degree/Cert.	Class	Certificate No.*

FEDERAL CIVIL SERVICE DATABASE (FCSD) FORM

FCSC File No.:

18. Professional

(List in chronological order starting with most recent event. If you require more space, use a separate sheet of paper and reference the form item number)

Name of Institution	Date From (MM/YYYY)	Date To (MM/YYYY)	Certificate Obtained	Certificate No.*

19. National Youth Service Information

Period of Service	Place of Service	Date (Discharged)	Certificate No.*

Part 7. Information About Your Appointment

20. First Appointment

Date	SGL	Code*	Cadre	Rank/Designation
Mode of Entry			MDA/Pool	

21. Confirmation

Is your Appointment Confirmed?	YES	NO	Date of Confirmation:

22. Present Appointment

Date	SGL	Code*	Cadre	Rank/Designation
			MDA/Pool	

23. Career Progression (From First Appointment to Present Appointment)

(List in chronological order starting with most recent appointment. If you require more space, use a separate sheet of paper and reference the form item number. Remarks Options: First Appointment, Promotion, Transfer, Conversion, Secondment, etc)

Date	SGL	Code*	Cadre	Rank/Designation	Remarks

FEDERAL CIVIL SERVICE DATABASE (FCSD) FORM

FCSC File No.:

24. Induction, Trainings, Courses, Workshops, Seminars, etc

(List in chronological order starting with most recent event. If you require more space, use a separate sheet of paper and reference the form item number)

Date	Type	Location	Description

25. Awards and Reward

(List in chronological order starting with most recent event. If you require more space, use a separate sheet of paper and reference the form item number)

Date	Type	Description

26. Posting History

(List in chronological order starting with most recent event. If you require more space, use a separate sheet of paper and reference the form item number)

Date	Posting Type	MDA/Pool	Rank/Designation

27. Innovations & Contributions to Federal Civil Service

Itemize

FEDERAL CIVIL SERVICE DATABASE (FCSD) FORM

FCSC File No.:

28. Disciplinary Action(s)*(List in chronological order starting with most recent event. If you require more space, use a separate sheet of paper and reference the form item number)*

Date	Type	Description	Remarks

Part 8. Submission

Name of Officer	Signature	Date
Name of Departmental Head	Signature	Date
Name of Director Human Resources	Signature	Date
Name of Permanent Secretary/Head of Extra-Ministerial Departments	Signature	Date

Part 9. Attachments**Attachments Required**

- a) 2 PASSPORT PHOTOGRAPHS
- b) NATIONAL IDENTIFICATION CARD
- c) ALL ACADEMIC AND PROFESSIONAL CERTIFICATES, INCLUDING NYSC DISCHARGE CERTIFICATE
- d) LETTER OF APPOINTMENT, TRANSFER, CONVERSION, SECONDMENT, CONFIRMATION, PROPER PLACEMENT, UPGRADING AND PROMOTION
- e) BIRTH CERTIFICATE OR EQUIVALENT
- f) EVIDENCE OF STATE OF ORIGIN
- g) PAY SLIP OR BANK STATEMENT
- h) EVIDENCE OF CHANGE OF NAME