

NATIONAL COUNCIL ON EDUCATION

NOMINATION OF MEMBERS TO BOARDS OF MANAGEMENT OF DENOMINATIONAL/TRUST INSTITUTIONS

REGION:

SCHOOL/COLLEGE:

ADDRESS:

TEL/FAX:(email)

OWNERSHIP: Church [] Govt. Leased [] Trust [] Special []

NOMINEE: Chairman [] Other Member [] Previously Served [yes / no]

NAME OF NOMINEE:
(Title: Mr. / Mrs. / Ms. / Miss / Rev. / Dr. / Fr. / Sr.)

ADDRESS:

TEL/FAX..... (email).....

OCCUPATION:

QUALIFICATION:

OTHER RELEVANT INFORMATION (including Community Activities and Affiliations)

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NAME OF PROPOSER:
Church / Trust

SIGNATURE OF PROPOSER:

DATE: