NON-GOVERNMENTAL

ASSOCIATION FOR LITERACY SUPPORT SERVICES (NOGALSS)

LEARNERS DETAILS

ivam	ie oi Literacy/Skill Acquisitio	on Center:			
State Chapter:		LGA	Ward		
Cent	er's Address:				
Enrolment		Year of Enrolment:	Class of Study		
Facilitator's Name:		Facilitator's Phone No.:			
S/NO	NAME OF LEARNERS	RESIDENTIAL ADDRESS	M/F	AGE	PHONE NUMBERS

S/NO	NAME OF LEARNERS	RESIDENTIAL ADDRESS	M/F	AGE	PHONE NUMBERS

S/NO	NAME OF LEARNERS	RESIDENTIAL ADDRESS	M/F	AGE	PHONE NUMBERS

S/NO	NAME OF LEARNERS	RESIDENTIAL ADDRESS	M/F	AGE	PHONE NUMBERS	
FAC	ILITATOR'S SIGN	DA	TE			
NAME OF STATE LITERACY DIRECTOR		OR	SIGN/DATE			
STA	TE CHAIRMAN'S COMMENT					
STA	TE CHAIRMAN'S NAME		SIGN/DATE			