NATIONAL POSTGRADUATE MEDICAL COLLEGE OF NIGERIA

Km 26, Lagos Badagry Expressway, P.M.B. 2003 Ijanikin, Lagos
TEL. 01-2913110, 01-3422586, website: www.npmcn.edu.ng

APPLICATION FORM

PART I FELLOWSHIP EXAMINATION

FACULTY/SPECIALTY:……

1. NAME IN FULL:……
   (Surname) (Other names)
2. MAIDEN NAME OR PREVIOUS NAME (IF ANY)……
3. CONTACT ADDRESS……
4. TELEPHONE NO……
5. E-MAIL ADDRESS……
6. DATE OF BIRTH…….. 7. SEX……
8. STATE OF ORIGIN……. 9. STATE OF DOMICILE……

10. **GENERAL INFORMATION:**

(a) Each candidate must complete this form fully and correctly and forward it together with the following:

- (i) 3 passport photographs with name and Faculty written at the back
- (ii) 3 stamped self addressed envelopes
- (iii) All other necessary documents to the College Registrar before the closing date

(b) Applications submitted after the closing date or incorrectly/incompletely filled or not accompanied with the required documents will be disqualified and a penalty will be exacted

(c) You are advised to buy from the College, a copy of your Faculty's Guideline to Candidates' as well as Examination Regulations before attempting to complete this form

(d) Where alternative exist, delete as appropriate.

Please return the completed form to the College Registrar on the above address

SECTION A

1. Photocopies of the following documents are herewith enclosed.
   (i) Evidence of change of name
   (ii) Basic Medical/Dental Degree Certificate ☐
   (iii) Certificate of Registration with the Nigerian Medical and Dental Council of Nigeria ☐
   Registration Number……
   (iv) N.Y.S.C. Discharge Certificate (where Applicable) ☐
   (v) Certificate of Exemption from Primary Examination ☐
   (vi) Certificate of Exemption from Part I Examination ☐
   (vii) College Receipt (s) for Associate Fellowship Annual Subscriptions (s) ☐

   Year of Subscription……

   (viii) Certificate of Training from each Institution/Number of Institutions involved…… ☐
   (ix) Clinical Log Book ☐
   (x) Attested list of operative procedures ☐

2. (a) When did you pass the Primary (or equivalent) Examination?.....

   (b) State the nature of the equivalent……

   (c) State the date Exemption was granted……

SECTION B

3. List the rotations you have held during your Junior Residency Training in approved Institutions.

DATES	POSITION HELD	DEPT/UNIT	SUPERVISING CONSULTANTS NAME, SIGNATURE & DATE	HOSPITAL

4. Have you attached a copy of your clinical log book?

5. List any course of training you have attended other than the routine programmes of your training centre during your Junior Residency training.

C OURSE	DURATION	ORGANISING INSTITUTION
a.		
b.		
c.		
d.		
e.		

6. (a) Have you taken the Part I Fellowship Examination before?

   (b) If so, how many times?.....

SECTION C

DECLARATION

7. I declare that the statements made in this application are to the best of my knowledge correct and complete and I accept that any statement found to be false may render me liable to disqualification from the examination.

Dates this…….. Day of …… 20……

……

Signature of Applicant

SECTION D

To be completed by the present Head of Department in the current Training Institution or place of employment.

A self-employed candidate must have this section completed by his/her last Head of Department

8. I certify that all the particulars stated above in respect of this candidate are to the best of my knowledge correct.
9. I certify that he/she has been in the residency programme/employment of this Institution continuously since…… during which time he/she/has not performed his/her duties satisfactorily.
    (a) If he/she is not in your Residency Programme, but only in your employment, please state why……
    ……..
    (b) Where did he/she undergo his Residency Training?.....
    ……
    (c) Have you seen his/her Certificate of Training?……

NAME……

PROFESSIONAL STATUS……

DEPARTMENT……

NAME OF INSTITUTION……
……..
……..

…….. ……..
Signature Date

Official Stamp

SECTION E

To be completed by a Fellow of the National Postgraduate Medical College of Nigeria in the same specialty (as that for which the candidate is applying to sit this Examination).

10. I pledge my honour as a Fellow of the College and attest that I have knowledge of the character and integrity of Dr……..and I am willing to recommend his/her admission into my Faculty Subject to a satisfactory completion of the requirements for such admission:

    (i) NAME:…….

    (ii) ADDRESS……

    (iii) SIGNATURE……..

    (iv) DATE OF FELLOWSHIP…….

SECTION F

FOR OFFICE USE ONLY

Part A (for Examination Officer)

Date of Receipt of Application……

Examination Fee…….Bank Draft No…….
Receipt No…….
Form and Credentials checked and passed by…….

…….. ……
Name Signature

…….
Date

PART B (for Faculty Board Secretary only)

I certify that Dr…… is/is not eligible
To sit the ……Examination of the Faculty
of…….

Other comments (including reasons for non-eligibility):
……
……
……
……

Name of Faculty Board Secretary……

…….. ……
Signature Date

PART C (For Examination Officer)

Examination Number:…….

Date Sent……

College Stamp……

Signature …… ……
Examination Officer Date.