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

INDICATE 'X' AGAINST PREFERRED EXAMINATION CENTRE	
Abuja	
Benin	
Calabar	
Enugu	
Ile-Ife	
Ilorin	
Lagos	
Owerri	

PRIMARY FELLOWSHIP EXAMINATION APPLICATION FORM

FACULTY……

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 post coded stamped self addressed envelopes
        (iii) MBBS Certificate
        (iv) Certificate of registration with Medical & Dental Council of Nigeria

    (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 Candidate's as well as Examination Regulations before attempting to complete this form

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

SECTION A

1. Basic Professional Education:

MEDICAL/DENTAL SCHOOL (S)	DEGREE	DATES

2. Pre-Registration Appointment:

Appointments	Hospital	Supervising Consultants	Dates

3. Photocopies of the following documents are herewith enclosed:
   (Please tick those actually included)

   (i) ☐ Basic Medical/Dental Degree Certificate

   (ii) ☐ Certificate of Registration with the Medical and Dental Council of Nigeria

   (iii) ☐ Registration Number……

   (iv) ☐ N.Y.S.C. Discharge Certificate (Where applicable)

   (v) ☐ Evidence of change of name (if any)

SECTION B

4. How you prepared for this examination,
   (a) Through residence Programme of a Training Institution? Yes/No……..
   Name of Institution?……..
   Duration of Training……20……..to……20…….
   (b) Through Self Instruction?…….

5. Have you attended the College's Revision/Update Course? Yes/No
6. Have you attended any other Courses? Yes/No
   Which ones? (Specify)……
   Have you taken this examination before? Yes/No
   Date……

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.

Dated this…….. day of…… 20……

…… ……..

Name Signature of Applicant

SECTION C

(To be completed by the present Head of Department in the current Training Institution or place of *employment or by a Fellow of the College)*

8. I certify that all the particulars stated above in respect of this candidate are to the best of my knowledge correct.

NAME……

PROFESSIONAL STATUS……..

DEPARTMENT/FACULTY.....

NAME OF INSTITUTION……..

DATE OF FELLOWSHIP/FACULTY……..

SIGNATURE…….. DATE……..

SECTION D

FOR OFFICE USE ONLY

Part A (FOR EXAMINATION OFFICER)

Date of Receipt of Application……

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

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:…….