

NATIONAL POSTGRADUATE MEDICAL COLLEGE OF NIGERIA

Km 26, Lagos-Badagry Expressway, P.M.B. 2003 Ijanikin, Lagos
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REGISTRATION OF DIPLOMA CANDIDATES

IN THE FACULTY OF

A. PERSONAL DETAILS

NAME.....
Surname Middle name First name

HOME ADDRESS.....
.....

PROFESSIONAL/INSTITUTION ADDRESS.....
.....
.....

PREFERRED POSTAL ADDRESS.....

TELEPHONE NO.....

EMAIL ADDRESS.....

DATE OF BIRTH..... SEX..... MARITAL STATUS

SPOUSE'S NAME.....

SPOUSE'S ADDRESS.....
.....

NEXT OF KIN (IF DIFFERENT FROM SPOUSE).....

ADDRESS OF NEXT OF KIN.....
.....

B. BASIC MEDICAL EDUCATION

University/Medical School..... Dates.....

Basic Medical Degree..... Dates.....

Pre-Registration Appointments

Dates	Hospital	Department	Consultant
1.			
2.			
3.			
4.			

C. FULL REGISTRATION WITH MEDICAL & DENTAL COUNCIL

1. Date of full Registration:

2. Number on full Registration Certificate.....

D. YOUTH CORPS YEAR

	Dates	Institution	Supervising Consultant
Primary Posting			
Community Project			

E. POST REGISTRATION EXPERIENCE IN CHRONOLOGICAL ORDER

S/N	Dates	Institution	Specialty	Supervising Consultant
1				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

F. LOCATION OF TRAINING (CITY/TOWN)

.....

G. INSTITUTIONAL BASE FOR DIPLOMA TRAINING (AS APPLIES)

- Name of Institution.....
- Date Accredited..... Accreditation Status: Full/Partial
- Date of Candidate’s First Appointment.....

RECOGNISED POSTINGS COMPLETED: (As in Faculty Curriculum/Handbook)

Duration	Dates	Posting	Supervising Consultant

H. PAYMENT OF DIPLOMA REGISTRATION FEES

You are required to pay the sum of **thirty thousand naira only (₦30,000.00)** for Diploma Trainee Registration. Payment should be executed as detailed on the website at www.npmcn.edu.ng/guidelines-on-payment-to-the-college/

After successful payment, send copy of payment slip with RRR number along with duly completed and signed form, accompanied by all relevant documents to the College Registrar at the official address.

Registration should be made 1 year before intending examination.

I. DIPLOMA CANDIDATE PLEDGE

I, Dr.do pledge and declare as follows:

- a. To dedicate myself to the preservation and enhancement of the noble ideals and the ethics of Medicine/Dentistry.
- b. To seek to increase my knowledge and skill by continuing self-instruction, by association with specialists of repute and by free exchange of experience and opinion with my teachers and my colleagues at all times and especially in the context of medical care audit.
- c. To abide by the rules and regulations of the National Postgraduate Medical College of Nigeria, and ipso facto, by the rules and regulations of the.....*;
being an **accredited training institution/training Faculty[#]** to the College.

* Insert the name of the Hospital/Institution OR Faculty as applies

Underline the one that applies

.....
Signed

J. ATTESTATION

I do attest to the truth of the information provided above, and have undertaken on behalf of the*, to accept

Dr..... for the Diploma Training Programme of the Faculty of.....

Name of Head of Training Department/Zonal Coordinator.....

Department/Zone of Training.....

Signature.....Date.....

.....
<i>Name and Signature</i>	<i>Date</i>
<i>Chairman, Residency Co-ordinating Committee</i>	
<i>OR</i>	
<i>Faculty Secretary[#]</i>	

.....
<i>Name and Signature</i>	<i>Date</i>
<i>Chief Medical Director/Medical Director</i>	
<i>OR</i>	
<i>Faculty Chairman[#]</i>	

*Insert the name of the Hospital/Institution OR Faculty as applies

As it applies