

# NATIONAL POSTGRADUATE MEDICAL COLLEGE OF NIGERIA

Km 26, Lagos Badagry Expressway, P.M.B. 2003 Ijanikin, Lagos  
TEL. 01-8182614, 01-7743240



## APPLICATION FOR

### PART I | FELLOWSHIP EXAMINATION

FACULTY.....

SUB 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. 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
- (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

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

## SECTION A

1. Photocopies of the following documents are herewith enclosed.

*(Please omit those you have submitted with previous applications and tick those you have actually included)*

- (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

## SECTION B

2. When did you pass /or exempted from the Part 1

Fellowships Examination?.....

(a) If exempted. Which equivalent examination did you pass.....?  
.....

(b) When?.....

3. List the Senior Rotations you have held in approved Institutions since passing the Part I Fellowship Examination.

DATES	POSITION HELD	DEPT/UNIT	SUPERVISING CONSULTANTS	HOSPITAL

4. Have you attached a copy of your clinical log book?.....
5. List any formal courses of training you have attended since passing the Part I Fellowship Examination.

COURSE	DURATION	ORGANISING INSTITUTION
i.		
ii.		
iii.		
iv.		
v.		

6. The Dissertation/Case Book (All items are required of all Candidates)

- (i) Title of the Dissertation/Case Book .....
- (ii) Where was the main work for this Dissertation/Case Book carried out.....
- (iii) Who is/are your Supervisor (s).....
- (iv) When did your Institution’s Ethical Committee approve your proposal? .....
- (v) When was your proposal approved by the Faculty Board? .....

7. Have you attached an attested list or log book of operative/clinical procedures performed by you as doctor-in-charge or as first assistants?.....

8. Have you been examined previously in the Part II Fellowship Examination?

If yes How many times?

## SECTION C

### DECLARATION

9. 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 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.*

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

11. 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).*

12. 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.....Date.....

Signature .....  
Examination Officer