

NATIONAL POSTGRADUATE MEDICAL COLLEGE OF NIGERIA



Km.26, Lagos-Badagry Expressway,
P.M.B 2003,
Ijanikin,
Lagos, Nigeria.

Tell: 01-8182614,
8970925, 8970944,
09-2907111

Our Ref:..... Your Ref:..... Date:.....

NAME OF INSTITUTION/STAMP:.....

A Training Centre for National Postgraduate Medical College of Nigeria

CERTIFICATE OF TRAINING

This is to certify that Dr..... was
admitted into Postgraduate Residency Training in this institution on(date
of entry) in the Department of.....

He/She has now completed.....years of training. He/She has
satisfactorily completed the following experiential posting as required by the
Faculty of..... of the National Postgraduate
Medical College of Nigeria.

Posting:

Date:

- | | | |
|---------|-----------|---------|
| 1..... | from..... | to..... |
| 2..... | from..... | to..... |
| 3..... | from..... | to..... |
| 4..... | from..... | to..... |
| 5..... | from..... | to..... |
| 6..... | from..... | to..... |
| 7..... | from..... | to..... |
| 8..... | from..... | to..... |
| 9..... | from..... | to..... |
| 10..... | from..... | to..... |

(Use additional form if necessary)

Signature and Date.....
Chairman, Residency Committee

Signature and Date.....
Head, Department of.....