

SECTION C

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.....

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/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/her 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 speciality (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.....

Signature

Date

Official Stamp

Part B (for Faculty Board Secretary only)

I certify that Dr..... is/is nnot 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