

NATIONAL POSTGRADUATE MEDICAL COLLEGE OF NIGERIA

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APPLICATION FOR FELLOWSHIP AWARD BY ELECTION

(Please complete this form in triplicate)

GENERAL INFORMATION

- The following documents should be submitted together with completed application form.
 - Detailed Curriculum Vitae (10 copies)
 - Photocopy of Professional Certificates (English version where certificate is written in other language) (10 copies each).
 - Photocopy of Certificates of full registration and additional qualifications with Medical and Dental council of Nigeria (10 copies each)
 - Duplicate receipt of application fee of **₦10,000.00 (Ten thousand naira only)** paid to the College.
 - Ten (10) copies each of all publications.
- Sponsors must be Fellows of good financial standing with the College and belong to the Faculty into which Fellowship is sought.
- Each completed application form should be returned to the College Registrar at the College address.

SECTION A

FACULTY INTO WHICH FELLOWSHIP IS SOUGHT _____

1. NAME: (Surname first) _____

2. MAIDEN NAME; (Where applicable) _____

3. NATIONALITY: _____

4. CORRESPONDENCE ADDRESS: _____

5. PHONE NO: _____ E-MAIL: _____

6. PRESENT POST: _____

7. PROFESSIONAL QUALIFICATIONS, INSTITUTIONS & DATE (attach separate sheet if necessary)

a) _____

b) _____

c) _____

d) _____

8. EMPLOYMENT RECORDS (Attach separate sheet)

9. FELLOWSHIP EXAMINATION(S) PREVIOUSLY ATTEMPTED (YES/NO) _____

If yes, specify part(s) of examination and date(s) _____

10. PUBLICATIONS (attach separate sheet)

11. SPONSORS

a) NAME: _____

ADDRESS: _____

b) NAME: _____

ADDRESS: _____

12. DECLARATION:

I certify that the statements made on this application are, to the best of my knowledge, correct and complete.

Dated this _____ day of _____ 20 _____

Signature of Applicant

SECTION B

DATE OF RECEIPT OF APPLICATION: _____ Day of _____ 20 _____

APPLICATION FEE RECEIPT No: _____

BANK DRAFT: _____

FORM AND DOCUMENTS CHECKED BY:

NAME: _____

SIGNATURE: _____

DATE: _____