

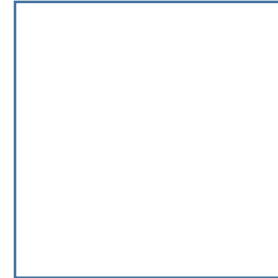
NATIONAL POSTGRADUATE MEDICAL COLLEGE OF NIGERIA

(Established by Law in 1979, Cap N59, LFN 2004)



CANDIDATE'S DECLARATION FORM

To be completed by Candidate.



Candidate's passport photograph

NAME OF CANDIDATE:

ADDRESS:

.....

FACULTY:

PART OF NPMCN EXAMINATION APPLIED FOR:

NAME OF INSTITUTION.....

ADDRESS OF INSTITUTION:

PHONE NUMBER:

EMAIL:

I declare that the statements made in my application for NPMCN Examination and documents uploaded into the e-Portal (www.npmcn.edu.ng) with my application are to the best of my knowledge correct, complete and appropriate for each section of the application process and I accept that any statement found to be false and inappropriate document upload for the application may render me liable to disqualification from the examination.

Dated this..... Day of 20.....

.....

Signature of Candidate