

NATIONAL POSTGRADUATE MEDICAL COLLEGE OF NIGERIA

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

Our Ref: Your Ref: Date:

NAME OF INSTITUTION/STAMP:
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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

Signature and Date.....

Chairman Residency Committee

Head, Dept of