

# NATIONAL POSTGRADUATE MEDICAL COLLEGE OF NIGERIA

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



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

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 .....

Signature and Date.....

**Chairman Residency Committee**

**Head, Dept of .....**