

NATIONAL POSTGRADUATE MEDICAL COLLEGE OF NIGERIA

Km 26, Lagos Badagry Expressway, P.M.B. 2003 Ijanikin, Lagos
TEL. 01-2913110, 01-3422586, website: www.npmcn.edu.ng



EXEMPTION APPLICATION FORM

FACULTY.....

SECTION A

1. NAME IN FULL.....
(Surname) (Other names)
2. MAIDEN NAME OR PREVIOUS NAME (IF ANY).....
3. CONTACT ADDRESS.....
4. TELEPHONE NO.....
5. E-MAIL ADDRESS.....
6. DATE OF BIRTH..... 7. SEX.....

SECTION B

1. BASIC MEDICAL/DENTAL DEGREE, INSTITUTION & DATE:
.....

2. EQUIVALENT RESULT & DATE:
.....

.....
Signature of Applicant & Date

GENERAL INFORMATION

Candidate must complete this form fully and correctly and forward it together with 2 copies of the following:

- (i) 2 passport photographs with name and Faculty written at the back
- (ii) MBBS Certificate
- (iii) NYSC Discharge or Exemption Certificate
- (iv) Equivalent Result (**not more than 5 years**)
- (v) Certificate of FULL REGISTRATION with MDCN
- (vi) Current Annual Practicing license/Receipt
- (vii) Course Content Curriculum for foreign Certificate (Where applicable)
- (viii) 3 post coded stamped self addressed envelopes
- (ix) Evidence of Payment
- (x) Evidence of change of name (If any)

Please return the completed form to the College Registrar on the above address