

# NATIONAL POSTGRADUATE MEDICAL COLLEGE OF NIGERIA

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## PRE-PART1 OBSTETRICS & GYNAECOLOGY CASEBOOK ASSESSMENT APPLICATION FORM

### SECTION A

1. NAME IN FULL.....  
(Surname) (Other names)
2. PREVIOUS NAME (IF ANY).....
3. PROFESSIONAL ADDRESS .....
4. TELEPHONE NO.....
5. E-MAIL ADDRESS.....
6. SEX.....
7. STATE OF DOMICILE .....

### SECTION B

1. INSTITUTION ..... DATE .....
2. INSTITUTION'S ADDRESS .....
3. DATE OF PRIMARY FELLOWSHIP RESULT/ EXEMPTION APPROVAL :  
.....
4. ASSOCIATE FELLOWS REGISTRATION NUMBER & DATE ISSUED .....
5. EVIDENCE OF PAYMENT: AMOUNT ..... DATE .....
6. EVIDENCE OF CHANGE OF NAME (If any): DATE OF CHANGE OF NAME .....  
NEWSPAPER ..... DATE ..... AFFIDAVIT: YES/NO. DATE .....

.....  
Signature of Applicant & Date