

NATIONAL POSTGRADUATE MEDICAL COLLEGE OF NIGERIA

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



APPLICATION FOR TRAVEL FELLOWSHIP GRANT

1. NAME: _____

Surname	Other Names	Title
---------	-------------	-------
2. DESIGNATION: _____
3. ADDRESS: _____
4. MAILING ADDRESS: _____
5. TEL/E- MAIL ADDRESS: _____
6. PRESENT POSITION _____
7. QUALIFICATIONS AND DATES: _____

8. FACULTY/SPECIALTY: _____
Date Passed Part I Fellowship Examination _____
Date Passed Part II Fellowship Examination _____
9. NAME OF EMPLOYER: _____
10. ADDRESS OF EMPLOYER: _____

11. CONFERENCE/WORKSHOP, ATTACHMENT/ACADEMIC MEETING TO BE ATTENDED

 - I. THEME/SUBTHEME

 - II. VENUE

 - III. DATE/DURATION OF THE CONFERENCE

12. ARE YOU PRESENTING A PAPER? YES NO
IF YES, FULL CITATION OF PAPER(S) _____

METHOD OF PRESENTATION
ORAL YES NO
POSTER YES NO

13. HAVE YOU BEEN SPONSORED BY THE COLLEGE PREVIOUSLY TO ANY CONFERENCES, SEMINARS, ATTACHMENT, ACADEMIC MEETINGS? YES NO

IF YES, STATE DETAILS: _____

14. DETAILS OF SPONSORSHIP REQUESTED:

- A. REGISTRATION FEE: ₦ _____
- B. TRAVEL EXPENSES: ₦ _____
- C. ACCOMODATION: ₦ _____
- D. OTHERS (SPECIFY): ₦ _____
- TOTAL: ₦ _____

TOTAL AMOUNT (IN WORDS): _____

ARE YOU SEEKING SPONSORSHIP FROM ANY OTHER BODIES? YES NO

IF YES, GIVE DETAILS: _____

FELLOWS SUPPORTING APPLICATION.

1. Name: _____
Address: _____
Faculty: _____
Year of Fellowship: _____

I hereby declare that I have personal knowledge of the applicant and I am not financially indebted to the College.

Signature of Sponsor and Date: _____

2. Name: _____
Address: _____
Faculty: _____
Year of Fellowship: _____

I hereby declare that I have personal knowledge of the applicant and I am not financially indebted to the College.

Signature of Sponsor and Date: _____

FOR OFFICIAL USE ONLY

Date Received _____

Verification of financial standing of Sponsors:

Sponsor 1: _____

Sponsor 2: _____

Signature of Officer and Date: _____