

NATIONAL POSTGRADUATE MEDICAL COLLEGE OF NIGERIA
(Established by Law in 1979, Cap N59, LFN 2004)



Institution Contact Persons Form

Accreditation of Training Institution Application

TRAINING INSTITUTION

- NAME:
- ADDRESS:
- DEPARTMENT:
- DATE:

CONTACT PERSON (INSTITUTION DIRECTOR OF TRAINING)

- Name:
- Email Address:
- Phone Number:

CMD

- Name:
- Email Address:
- Phone Number:

CMAC

- Name:
- Email Address:
- Phone Number:

HOD

- Name:
- Email Address:
- Phone Number:

Name of Chief Medical Director

Signature, Date and Official Stamp