

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



**FELLOW RECOMMENDATION FORM**

To be completed by a Fellow of the National Postgraduate Medical College of Nigeria in the same specialty (as that for which the candidate is applying to sit this Examination).

I pledge my honour as a Fellow of the College and attest that I have knowledge of the character and integrity of Dr.....and I am willing to recommend his/her admission into my Faculty Subject to a satisfactory completion of the requirements for such admission:

**FELLOW'S NAME**.....

**BUSINESS/INSTITUTION ADDRESS**.....

.....

**PHONE NUMBER(S)**.....

**EMAIL**.....

**FELLOWSHIP NUMBER: FX – \_\_/\_\_\_\_**

**FINANCIAL STATUS WITH THE COLLEGE\*\*:**    [Life Fellow]    [Paid Up]    [Not up to Date]

**DATE OF FELLOWSHIP**.....

**SIGNATURE**.....

\*\*If not sure of your Financial Status, please check our website: <http://npmcn.edu.ng/fellows-dues/>