

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:

**NAME**.....

**ADDRESS**.....

**SIGNATURE**.....

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