

NATIONAL POSTGRADUATE MEDICAL COLLEGE OF NIGERIA

Km 26, Lagos Badagry Expressway, P.M.B. 2003 Ijanikin, Lagos
TEL. 01-2913110, 01-3422586, Email: registrar@npmcn.edu.ng, website: www.npmcn.edu.ng



FELLOWS' CAR PLATE NUMBER ALLOCATION/REGISTRATION FORM

(Please complete this form in duplicate)

NAME: (Surname first)-----

MAIDEN NAME; (Where applicable)-----

SPOUSE/NEXT OF KIN:-----

CONTACT ADDRESS:-----

PHONE NO;-----E-MAIL-----

FACULTY-----YEAR OF CONVOCATION-----

FELLOW'S NO-----

MAKE OF CAR-----COLOUR-----

MODEL OF CAR-----YEAR OF MANUFACTURE-----

CHASIS NO:-----

ENGINE NO:-----ENGINE CAPACITY-----

REGISTRATION NO (REGULAR)-----

DATE OF PAYMENT:-----BANK NAME-----

TELLER NO-----RECEIPT NO:----- (Please attach original teller)

AMOUNT PAID:-----FELLOW'S SIGNATURE-----

FELLOW'S ALLOCATED NO PLATE:-----

(For Official Use)

ISSUING OFFICER

COLLEGE REGISTRAR

NOTE:

- i. A Fellow applying for the number plate **MUST** be in good financial standing with the College.
- ii. A registration fee of Sixty thousand naira (₦60,000) only should be paid online via **www.remita.net** (log on to <http://npmcn.edu.ng/guidelines-on-payment-to-the-college/>)
- iii. This Number is Personal, kindly inform the College if you intend to change your car or dispose of it in order to enable proper record/documentation.
- iv. Please return the completed form, evidence of payment and photocopy of the car particulars to the College Registrar at the College address