

Application Guidelines for Part One

Fresh applicant or new user on the college portal signs up to have access to the portal. User accesses portal with registered email address and password. In case password is forgotten, user click on I forgot password to reset password.

Welcome to NPMCN [Signup](#)

GENERAL INFORMATION TO ALL CANDIDATES APPLYING FOR EXAMINATIONS

Please be careful while filling application forms because you will NOT be able to change the information entered. All the information supplied will not be editable except for the state of domicile and contact address.

Once documents are uploaded in any examination application, they remain available in all subsequent applications, irrespective of the examination. They are available with View and Change function tabs. Documents that need to be updated can thus be so done by clicking the Change tab.

[Approval will be required from the College Registrar before any other changes can be made.](#)

Login

Login to continue

Email Address

Password

Login

[View Exam Guidelines](#)

[I forgot my password](#)
[Resend Confirmation Link](#)

After successful logging, system displays dashboard. Applicants for Part One examination click on **more info** under Part One Application

NPMCN Candidate Abiodun ADEWALE

External Links

Dashboard

Primary

Associate Fellow

Case book

Part One

Proposal

Part Two

Convocation

Notification

Download

Travel grant

Fellowship By Election

Workshop

Welcome

Application Statistics

2 Primary Application More info	0 Part I Application More info	0 Part II Application More info	0 Workshop Applications More info
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Upcoming Workshops

May 20, 2021

Advance Research Methodology

De Santiago Milan Hotel and Suites Plot 3088, Block 24B/25B, Festac Access Road, Amuwo-Odofin, Lagos, Nigeria [View Details](#) ₦50,000.00

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Information are displayed, scroll down to Click on **Start Part One Application**

Part I Application Information

Candidates are qualified to sit for the Part I Fellowship Examination at the end of the first 24 to 36 months of Residency training (Junior Residency). This examination is administered to test cognitive knowledge and basic professional skills in the relevant discipline represented by each Faculty.

The format for this examination varies from Faculty to Faculty and details are provided in each Faculty's Handbook.

Basic requirements are as follows:

1. Passport Photograph (Colour) in .JPEG Format taken in the last six (6) months in front of a plain white or off-white background and in full-face view directly facing the camera.
2. Basic Medical or Dental Degree Certificate (To be uploaded in PDF Single Page) only to be uploaded by candidates who did not apply for Primary Examination on the portal
3. MDCN FULL Registration Certificate/evidence of payment (To be uploaded in PDF Single Page)
4. NYSC Discharge or Exemption from NYSC Certificate/Letter (To be uploaded in PDF Single Page) only to be uploaded by candidates who did not apply for Primary Examination on the portal
5. NPMCN Primary Result (To be uploaded in PDF Single Page)
6. NPMCN Certificate of Exemption from Primary Fellowship Examination (To be uploaded in PDF Single Page)
7. Evidence of Payment for Associate Fellowship Annual Subscription (AFAS)
8. Certificate of Training (valid for TWO years/maximum of 4 consecutive Examinations) **completed fresh and signed for every examination** (To be uploaded in PDF Multiple Pages [Where applicable])
9. Annual Progress Report of **1st year preceding examination** (To be uploaded in PDF Multiple Pages [Minimum of Six (6) pages to include endorsement by HOD and CMAC/CMD])
10. Annual Progress Report of **2nd year preceding examination** (To be uploaded in PDF Multiple Pages [Minimum of Six (6) pages to include endorsement by HOD and CMAC/CMD])
11. NPMCN Fellow's Recommendation Form **completed fresh and signed for every examination**. (To be uploaded in PDF Single Page)
12. Institutional Approval Form for NPMCN Examination **completed fresh and signed for every examination**. (To be uploaded in PDF Multiple Pages [To include endorsement by HOD and approval by CMAC/CMD of Training Institution])
13. Candidate Indemnity and Declaration Form for NPMCN Examination **completed fresh and signed for every examination**. (To be uploaded in PDF Single Page)
22. Pre-Part 1 O&G Casebook Attestation Page (To be uploaded in PDF Single Page by Part 1 O&G candidates ONLY)
23. Pre-Part 1 O&G Casebook Certification Page (To be uploaded in PDF Single Page by Part 1 O&G candidates ONLY)
24. Report of Pre-Part 1 O&G Casebook Assessment (To be uploaded in PDF Multiple Page by Part 1 O&G candidates ONLY)
25. Approved Pre-Part 1 O&G Casebook ((To be uploaded in Microsoft Word Document Multiple Pages by Part 1 O&G candidates ONLY)
26. Junior Residency Rotations
27. Junior Residency Courses Attended
28. Declaration.

Instructions

1. Click on **"Start Part 1 Application"** to proceed to payment (You will receive a notification mail after successful payment)
2. **Resume application**
3. **Fill the form**
 - a. Upload passport
 - b. Fill the fields
 - c. Upload required documents in PDF
4. **Submit Application** (You will receive a notification mail after successful submission)

[Start Part I Application](#) [Close](#)

NPMCN Candidate | Abidu Atiku AF/005/20/143/1909

25. Approved Pre-Part 1 O&G Casebook ((To be uploaded in Microsoft Word Document Multiple Pages by Part 1 O&G candidates ONLY)

26. Junior Residency Rotations

27. Junior Residency Courses Attended

28. Declaration.

Instructions

1. Click on start to proceed to payment
2. You will receive a notification mail after successful payment
3. Resume application
4. Fill the form
 - a. Upload passport
 - b. Fill the fields
 - c. Upload required documents in PDF or DOC
5. Submit Application
6. You will receive a notification mail after successful submission

Payment Information

SN	Item	Amount
1	Part One Application Fee	₦120,000.00

Continue to Payment | Cancel

NPMCN © 2021

Confirm

Are you sure you want to proceed to payment?

Yes | No

Applicant can proceed to bank with the generated RRR from the college portal or pay with card through the portal by clicking on **Pay now**

NPMCN Candidate | Abidu Atiku AF/005/20/143/1909

Part One Registration | LIST / REGISTRATION FEES

Application Invoice

NATIONAL POSTGRADUATE MEDICAL COLLEGE OF NIGERIA

Tel: 01-2913110 | Km 26, Lagos Badagry Expressway, P.M.B. 2003, Ibeju-Lekki, Lagos, Nigeria. Website: www.npmcn.edu.ng

To: **ATIKU Abidu** | RRR Number: 350008248475 | Transaction Ref/Order ID: PRT18d98e4258ba1767

Phone: 08037243820 | Email: candidate206@test.com

S/N	Payment Item	Description	Amount
1	Part One Application Fee	Part One Application Fee	₦120,000.00

Amount Due: **₦120,000.00**

Print Invoice | Click to generate bank invoice

Payment Options: VISA | Mastercard | remita | Internet Banking | Mobile Wallets | Bank Branches

Powered by remita

Pay now

NPMCN © 2021

Pay a Biller

- PAY ONCE
- RECURRING PAYMENT
- PAY E-INVOICE

SYSTIMSPICS LIMITID

Remita Retrieval Reference (RRR) *

3500-0824-8475

Amount Payable: ₦ 120,000.00

Beneficiary : SYSTIMSPICS LIMITID

Payer's name *

ATIKU Abidu

Payer Phone *

08037243820

Payer Email *

candidate206@test.com

By clicking Submit you agree to our [Terms and Conditions](#) and [Privacy Policy](#)

SUBMIT

RESET



Pay a Biller

- PAY ONCE
- RECURRING PAYMENT
- PAY E-INVOICE

SYSTIMSPICS LIMITID

Remita Retrieval Reference (RRR)

3500-0824-8475

Amount Payable: ₦ 120,000

Beneficiary : SYSTIMSPICS LIMITID

Payer's name *

ATIKU Abidu

Payer Phone *

08037243820

Payer Email *

candidate206@test.com

By clicking Submit you agree to our [Terms and Conditions](#) and [Privacy Policy](#)

SUBMIT

RESET

SELECT A PAYMENT OPTION

- Card
- NEW Bank Account
- Bank Branch
- USSD
- Internet Banking
- NEW Remita
- Wallet
- NEW Phone Number

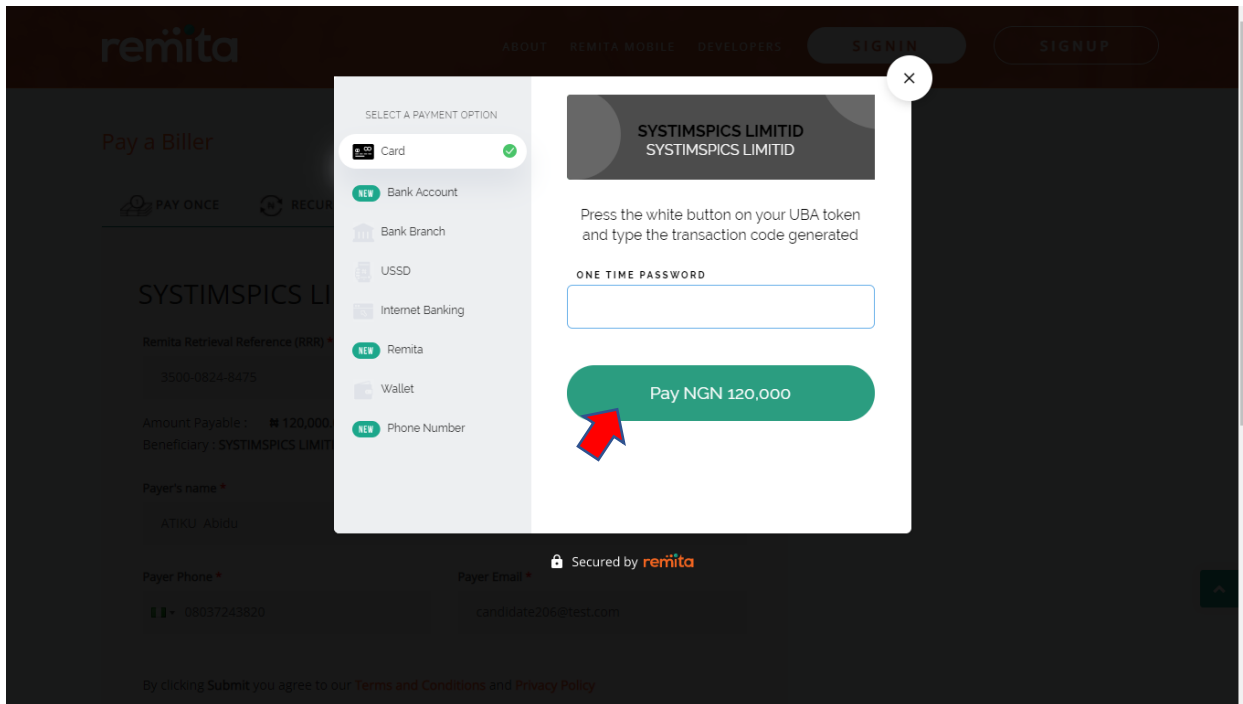
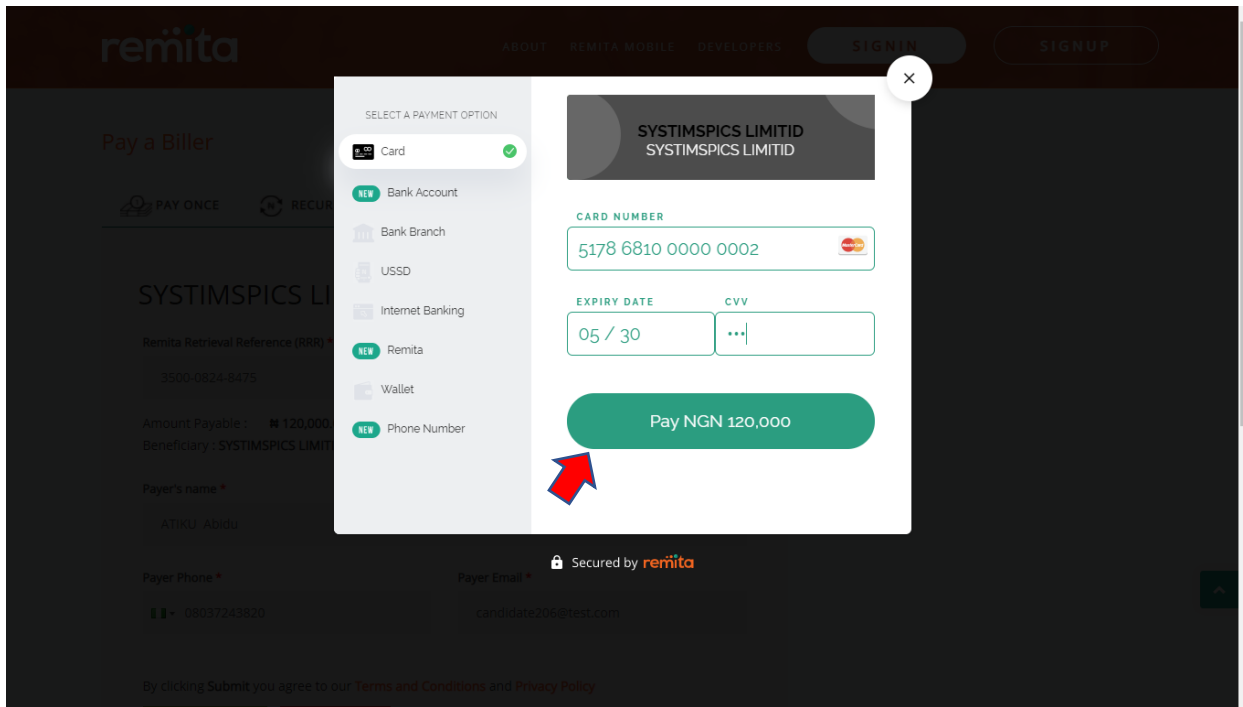
SYSTIMSPICS LIMITID
SYSTIMSPICS LIMITID

CARD NUMBER
1234 5678 9012 3456

EXPIRY DATE CVV
MM / YY 123

Pay NGN 120,000





remita

ABOUT REMITA MOBILE DEVELOPERS SIGNIN SIGNUP

Pay a Biller

PAY ONCE RECURRING PAYMENT

SYSTMSPICS LIMITID

Remita Retrieval Reference (RRR) *
3500-0824-8475


Amount Payable: ₦ 120,000.00
Beneficiary: SYSTMSPICS LIMITID

Payer's name *
ATIKU, Abudu

Payer Phone *
08037243820

By clicking Submit you agree to our Terms and Conditions

SYSTMSPICS LIMITID
Amount Payable
NGN
120000



Payment Successful

Your transaction reference is **110011689151**

Cancel

After successful payment, click on **Return to Application**


NPMCN

Payment Receipt

Payment Successful
Your payment was successful.
Payment Reference is **PRT18d98e4258ba1767**

NATIONAL POSTGRADUATE MEDICAL COLLEGE OF NIGERIA

Tel: 01-2913110



Km 26, Lagos Badagry Expressway,
P.M.B. 2003,
Ijanikin,
Lagos, Nigeria.
Website: www.npmcn.edu.ng
Status: **Paid**


To: **ATIKU Abudu** Phone: 08037243820
Email: candidate206@test.com

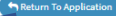
RRR Number: 350008248475

Transaction Ref/Order ID: PRT18d98e4258ba1767

S/N	Payment Item	Description	Amount
1	Part One Application Fee	Part One Application Fee	₦120,000.00

Amount Paid
₦120,000.00

 Print Receipt

 Return To Application

Click on Actions

Part One Registration LIST


Applications + Apply 🔍 ↻

Show **50** Entries

#	Application number	Diet	Centre	Date Applied	Date Submitted	Status	Actions
1	MPRT1/21/0055	MARCH/APRIL/MAY 2021 FELLOWSHIP EXAMINATION	Lagos	Jul 6, 2021	Jul 27, 2021	Awaiting Approval	Action ▾
2	SPRT1/21/0065	SEPTEMBER/OCTOBER/NOVEMBER 2021 FELLOWSHIP EXAMINATION		Oct 13, 2021		Paid	Action ▾

Showing 1 to 2 of 2

First Previous **1** Next Last



Click on Resume Application

Part One Registration LIST

Applications + Apply 🔍 ↻

Show **50** Entries


#	Application number	Diet	Centre	Date Applied	Date Submitted	Status	Actions
1	MPRT1/21/0055	MARCH/APRIL/MAY 2021 FELLOWSHIP EXAMINATION	Lagos	Jul 6, 2021	Jul 27, 2021	Awaiting Approval	Action ▾
2	SPRT1/21/0065	SEPTEMBER/OCTOBER/NOVEMBER 2021 FELLOWSHIP EXAMINATION		Oct 13, 2021		Paid	Action ▾

Showing 1 to 2 of 2

First Previous **1** Next Last

Apply for Deferment

Resume Application




Candidate fills required fields and clicks on Save & Continue to proceed


Part One Registration LIST / EDIT / BIODATA

General Information **Faculty & Center** AF&L/Primary Exam Information Required Documents Junior Residency Rotations Courses of Training Declaration

Biodata

First name*	Abidu	 <p>Passport Photograph (Colour) in JPEG format taken in the last six (6) months in front of a plain white or off-white background and in full-face view directly facing the camera</p> <p>Change Picture</p>
Last name*	Aliku	
Middle name		
Maiden/Previous name		
Phone number*	08037243820	
Email Address*	candidate200@test.com	
Associate Number*	AF005/20/143/1809	
Date of Birth*	1989-08-25	
Gender*	Male	
State of Origin*	Anambra	
Local Government*	Ihiala	
State of Domicile*	Edo	
Contact Address*	Contact address	

Save & Continue



Part One Registration

LIST / EDIT / FACULTY

General Information | **Faculty & Center** | AFAs/Primary Exam Information | Required Documents | Junior Residency Rotations | Courses of Training | Declaration

Faculty & Center

Faculty* EMERGENCY MEDICINE

Sub Specialty --Select--

Preferred Examination Center* Distance Learning Institute, UNILAG(UNILAG, Ak

Previous Save & Continue

Part One Registration

LIST / EDIT / PRIMARY EXAM INFORMATION

General Information | Faculty & Center | **AFAs/Primary Exam Information** | Required Documents | Junior Residency Rotations | Courses of Training | Declaration

Exempted From Primary? No

When did you pass Primary (or equivalent) Examination? 14.07.2021

Have you taken the Part 1 Fellowship Examination before? Yes

Indicate Previous Examinations attempted

- SEPTEMBER/OCTOBER/NOVEMBER
- MARCH/APRIL/MAY 2021
- MARCH/APRIL/MAY 1997
- SEPTEMBER/OCTOBER/NOVEMBER
- SEPTEMBER/OCTOBER/NOVEMBER

Previous Save & Continue

Candidate uploads required documents. *Returning candidates will find uploaded documents from previous diet(s). Some of those documents can't be replaced without college action while some documents are replaceable (can be changed by clicking the white change).*

Required Documents

Document Name	Action
Basic Medical / Dental Degree Certificate*	View XChange
MDCN FULL Registration Certificate/Receipt of Payment for MDCN FULL Registration Certificate*	View XChange
NYSO Discharge or Exemption from NYSC Certificate/Letter*	View XChange
Attestation and certification page with signatures of candidate, supervisor(s) and Head of Department in pdf format*	View XChange
Institutional Approval Form for NPMCN Examination completed fresh and signed for every examination. (To be uploaded in PDF Multiple Pages*	View XChange
NPMCN Fellow's Recommendation Form (PDF)*	View XChange
Current Annual Practising license/Receipt (To be uploaded in PDF Single Page)*	View XChange
Evidence of change of name (To be uploaded in PDF 4 Pages [Application letter - Marriage certificate - Affidavit - Newspaper]) (PDF)	Upload File
Up-to-date Evidence of Payment for Associate Fellowship Annual Subscription (AFAS)*	View XChange
NPMCN Primary or NPMCN Certificate of Exemption (PDF)*	View XChange

[Previous](#) [Save & Continue](#)

Junior Residency Rotations

S/N	Date of Rotation	Position Held	Section(Dept/Unit)	Supervising Consultant	Hospital
1	2021-06-06	Registrar	General Surgery	Dr. Akpo E.	Delta State Unvers
2	2021-03-04	Registrar	Paediatric Surgery	Dr. (Mrs.) Odion-Obc	Delta State Unvers
3	2021-07-29	Registrar	Urology	Dr. Osaghae	University of Benin

[+ Add More](#) [Previous](#) [Save & Continue](#)

NPMCN Candidate Abidu Atiku AF/005/20/143/1809

Part One Registration LIST / EDIT / COURSES OF TRAINING

General Information | Faculty & Center | AFAs/Primary Exam Information | Required Documents | Junior Residency Rotations | **Courses of Training** | Declaration

JUNIOR RESIDENCY COURSES ATTENDED

S/N	Course	Start Date	End Date	Organizing Institution
1	Faculty of Surgery Upda	2021-01-03	2021-02-10	National Postgraduate M
2	Introduction to Basic Sur	2021-05-17	2021-06-15	Association of Surgeons

[+ Add More](#)

[Previous](#) [Save & Continue](#)

Candidate clicks on **Preview** to proceed on previewing application before submission

NPMCN Candidate Abidu Atiku AF/005/20/143/1809

Part One Registration LIST / EDIT / DECLARATION

General Information | Faculty & Center | AFAs/Primary Exam Information | Required Documents | Junior Residency Rotations | Courses of Training | **Declaration**

Declaration

I **Abidu ATIKU** declare that the statements made in this application are to the best of my knowledge correct and complete and I accept that any statement found to be false may render me liable to disqualification from the examination.

[Previous](#) [Preview](#)

Part One Registration LIST / EDIT / DECLARATION

General Information | Faculty & Center | AFAs/Primary Exam Information | Required Documents | Junior Residency Rotations | Courses of Training | **Declaration**

Declaration

I **Abidu ATIKU** declare that the statements made in this application are to the best of my knowledge correct and complete and I accept that any statement found to be false may render me liable to disqualification from the examination.

Confirm

Are you sure you have fully completed the application and all necessary changes made?

[Yes](#) [No](#)

[Previous](#) [Preview](#)


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Candidate previews information/application and clicks on **Submit Application**

NPMCN Candidate

- External Links
- Dashboard
- Primary
- Associate Fellow
- Case book
- Part One**
 - Application**
 - Progress Report
 - Exemption
- Proposal
- Part Two
- Convocation
- Notification
- Download
- Travel grant
- Fellowship By Election
- Workshop

APPLICATION DETAILS Print



Biodata

Name	Abidu ATIKU
Maiden/Previous name	N/A
Phone number	08037243820
Email Address	candidate09@test.com
Date of Birth	Aug 25, 1989
Gender	M
Associate Number	AF/005/20/143/1809
State of Origin	Anambra
Local Government	Ihiala
State of Domicile	Edo
Contact Address	Contact address

Application Details

Application number	SPRT1/21/0085
Faculty	EMERGENCY MEDICINE
Exempted From Primary	No
Primary (or equivalent) Examination?	Jul 14, 2021
Have you taken the Part 1 Fellowship Examination before	Yes
Sub Speciality	
Centre	Distance Learning Institute, UNILAG
Centre Address	UNILAG, Akoka
State	Lagos

Junior Residency Rotations

S/N	Date of Rotation	Position Held	Section/Dept(Unit)	Supervising Consultant	Hospital
1	08 Jun, 2021	Registrar	General Surgery	Dr. Akpo E.	Delta State University Teaching Hospital
2	04 Mar, 2021	Registrar	Paediatric Surgery	Dr. (Mrs.) Odion-Obomhense H.K.	Delta State University Teaching Hospital
3	29 Jul, 2021	Registrar	Urology	Dr. Osaghae	University of Benin Teaching Hospital

Junior Residency Courses Attended

S/N	Course	Start Date	End Date	Organizing Institution
1	Faculty of Surgery Update Course	03 Jan, 2021	10 Feb, 2021	National Postgraduate Medical College of Nigeria
2	Introduction to Basic Surgical Skills Course	17 May, 2021	15 Jun, 2021	Association of Surgeons of Great Britain and Ireland, Royal College of Surgeons of England, West African College of Surgeons

Exam Requirements

S/N	Description	Attached File
1	Basic Medical / Dental Degree Certificate	View
2	MDCN FULL Registration Certificate/Receipt of Payment for MDCN FULL Registration Certificate	View
3	NYSO Discharge or Exemption from NYSC Certificate/Letter	View
4	Attestation and certification page with signatures of candidate, supervisor(s) and Head of Department in pdf format	View
5	Institutional Approval Form for NPMCN Examination completed fresh and signed for every examination. (To be uploaded in PDF Multiple Pages)	View
6	NPMCN Fellow's Recommendation Form (PDF)	View
7	Current Annual Practising license/Receipt (To be uploaded in PDF Single Page)	View
8	NPMCN Primary or NPMCN Certificate of Exemption (PDF)	View
9	Evidence of change of name (To be uploaded in PDF 4 Pages (Application letter - Marriage certificate - Affidavit - Newspaper)) (PDF)	View
10	Up-to-date Evidence of Payment for Associate Fellowship Annual Subscription (AFAS)	View

[Submit Application](#) [Close](#)

Abidu Atiku AF/005/20/143/1809

LIST / EDIT / DECLARATION

Courses of Training

Declaration

Preview

Application status changes to **Awaiting Approval**. Candidate can click on **Action** and **Edit** to change any information while application is still open

Part One Registration

Applications

Show 50 Entries

#	Application number	Diet	Centre	Date Applied	Date Submitted	Status	Actions
1	SPRT1/21/0065	SEPTEMBER/OCTOBER/NOVEMBER 2021 FELLOWSHIP EXAMINATION	Distance Learning Institute, UNILAG	Oct 13, 2021	Oct 15, 2021	Awaiting Approval	Action
2	MPRT1/21/0055	MARCH/APRIL/MAY 2021 FELLOWSHIP EXAMINATION	Lagos	Jul 6, 2021	Jul 27, 2021	Denied	Action

Showing 1 to 2 of 2

First Previous 1 Next Last

Candidate can edit application while application is still open

Part One Registration

Applications

Show 50 Entries

#	Application number	Diet	Centre	Date Applied	Date Submitted	Status	Actions
1	SPRT1/21/0065	SEPTEMBER/OCTOBER/NOVEMBER 2021 FELLOWSHIP EXAMINATION	Distance Learning Institute, UNILAG	Oct 13, 2021	Oct 15, 2021	Awaiting Approval	Action
2	MPRT1/21/0055	MARCH/APRIL/MAY 2021 FELLOWSHIP EXAMINATION	Lagos	Jul 6, 2021	Jul 27, 2021	Denied	Action

Showing 1 to 2 of 2

First Previous 1 Next Last

- Apply for Deferment
- Details
- Edit form