

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:**
- **DATE:**

CONTACT PERSON (INSTITUTION DIRECTOR OF TRAINING)

- **Name:**
- **Email Address:**
- **Phone Number:**

CMD

- **Name:**
- **Email Address:**
- **Phone Number:**

CMAC

- **Name:**
- **Email Address:**
- **Phone Number:**

Name of Chief Medical Director

Signature, Date and Official Stamp