

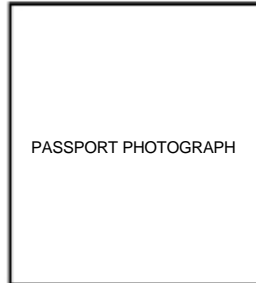
MEDICAL & DENTAL COUNCIL OF NIGERIA

1st Avenue, F Close, Block 11 Gwarinpa F.H.A Estate, P.M.B 458, Garki, Abuja, Federal Capital Territory
Tel: 09-2902900, 2901435, 2901349, 7803357, 7803059, 7802977
Email: medicalcouncil@yahoo.com, Website: www.mdcnigeria.org



Form D

APPLICATION FOR REGISTRATION OF ADDITIONAL QUALIFICATIONS



I hereby apply for the registration of my additional qualification as.....
in accordance with the following particulars:

1. Full Names of Applicant *(No abbreviations please)*

(a) SURNAME: _____

(b) OTHER NAMES: _____

(c) PREVIOUS NAMES (if any): _____

2. (a) Sex: _____ (b) Marital Status _____

3. (a) Date of Birth: _____ (b) Place of Birth _____

4. Nationality Data

(a) Home Town: _____

(b) Local Government Area: _____

(c) State of Origin _____

5. **Full Permanent address in state of origin:** _____

6. **Full Business Address:** _____

7. **Postal/Contact Address** *(if different from 5 & 6)* _____

8. Education Data:
(a) Schools Attended

	Names of Institution	Dates Attended	
		From	To
Primary:			
Secondary:			
Tertiary:			
Medical School:			
	(i) Pre-Clinical Period _____		
	(ii) Clinical Period _____		

9. Qualifications already registered with the council:

Qualification	Date obtained	Institution	Date registered

10. Additional Qualification(s) being presented for registration

Qualification	Date obtained	Institution

11. Present appointment, including the data of commencement.

Applicant's Signature:

Date:

Note well: The Completed application form should be returned to THE REGISTRAR, MEDICAL & DENTAL COUNCIL OF NIGERIA at any of the following offices:

No. 147 Broad Street,
Lagos Island,
P. M.B. 12611
Lagos.

1,2, Oguferre Steet,
Off Okpara Avene,
G. R. A,
P.M.B. 01431,
Enugu.

6 North Avenue,
(Redcross Compound),
Near Abakpa NEPA Sub-station,
P.M.B. 2275,
Kaduna.

Block 11, 1st Avenue, FClose,
Gwarinpa
F.H.A
Abuja
Federal Capital Territory

The form should be submitted along with photocopies of all academic and professional qualifications, birth certificate (if not previously submitted), one recent passport size Photograph for the applicant and A BANK CERTIFIED CHEQUE for the full registration Fee, made payable to the MEDICAL & DENTAL COUNCIL OF NIGERIA.

All doctors applying for registration of additional qualifications would be required to show Evidence of having paid their annual practicing fees up to date.