

MEDICAL AND DENTAL COUNCIL OF NIGERIA

Plot 1102, Cadastral zone B11, off Oladipo Diya Road Kaura District,,P.M.B 458, Garki, Abuja, Federal Capital Territory
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Stamp (not gum)
Your recent
Passport
Photograph
here



Form G-1

FORM FOR APPLICATION FOR LICENCE TO PRACTISE MEDICINE OR DENTISTRY IN NIGERIA

NOTE: All items of information requested in this form MUST be fully and correctly supplied

I hereby apply to practice as a medical Practitioner/Dental Surgeon in Nigeria for the Year(s)

My Particulars are as follows:-

FOLIO NO;MDCN/R/

1. Doctor's Full Names (In Capital Letter, No Abbreviation):

Surname	First name	Last name
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2. Previous Name: (If any, if married, indicate maiden name and attach evidence of change of name)

3. Date of birth: ----- 4. Place of Birth: -----

5. Nationality: ----- 6. Sex: Male > Female >

7. Marital Status: Single > Married > Widowed > Divorced >

8. Home Town: ----- 9. State of Origin -----

10. (a) Residential Address : -----

----- (Home Phone) -----

(b) Business Address: -----

----- (Office Phone) -----

© Email Address: -----

(d) Permanent Address in State of Origin: -----

11. Location of Practice:

(a) State : ----- (b) L.G.A. : -----

© Town: -----

12. Qualifications with dates:

(a) Basic : -----

(b) Additional : -----

13. Institutions where Qualifications were obtained:

(a) Basic : -----

(b) Additional : -----

14. Registration number and Date of Registration:

PROVISIONAL REG. NO: PMIPD DATE-----

FULL REG .NO: FMIFD DATE-----

ADDITIONAL REG. NO: AQ DATE -----

TEMPORARY REG. NO: TM/TD DATE-----

15. Date of expiration of current Registration (Doctors with Provisional or Temporary Registration):-----

16. Date of expiration of current License: -----

17. Specialty: -----

18. Present appointment (indicating date of commencement and present status or position and the institution):-----

19. Nature of place of Employment:

- | | |
|--|----------------------------------|
| <input type="checkbox"/> Public Institution/Hospital | <input type="checkbox"/> Mission |
| <input type="checkbox"/> Private Establishment (Hospital, Company) | <input type="checkbox"/> Other |

<u>AMOUNT ENCLOSED</u>		
N	:	K

 Signature of Doctor

 Date of Application

2. IMPORTANT NOTES

1. ALL DOCTORS are required to pay N1500.00 to obtain a copy of the REVISED RULES OF PROFESSIONAL CONDUCT FOR DOCTORS IN NIGERIA.

All Doctors are expected to collect their licenses from the office of Council or State Monitoring Committee office where payment was made or from the body or Association which made the payments on their behalf. However, doctors who wish to have the certificates mailed directly to them are to add N100.00 to the fees indicated in note (3) below.

3. CURRENT SCHEDULE OF FEES

HOUSE OFFICERS N6, 000.00 DOCTORS OF LESS THAN 10 YEARS POST-QUALIFICATION N6, 000.00
DOCTORS WITH 10 YEARS POST QUALIFICATION & ABOVE N10, 000.00 DOCTORS ON LIMITED REGISTRATION
(TEMPORARY REGISTER) N20, 000.00 DOCTORS ON LIMITED REGISTRATION (PRACTISING LICENCE N25, 100.00
(FOR 2 YEARS)

DOCTORS AGED OVER 70 YEARS NIL Note

All Doctors (New and Old) are to pay the sum of N5, 000.00 (New Special Levy) along with their practicing fees annually.

4. METHOD OF PAYMENT

(a) All payment are to be made by **CERTIFIED CHEQUES made payable to MEDICAL AND DENTAL COUNCIL OF NIGERIA. PAYMENT IN CASH ARE PROHIBITED, EXCEPT WHEN EXPRESSLY AUTHORISED BY THE REGISTRAR.**

Under no circumstances should you pay cash to any staff of the council as this is a contravention of Financial Regulation for which you may be subjected to Disciplinary proceedings..

(b) Cheques are to be obtained only, from **UNION BANK OF NIGERIA (UBN), FIRST BANK OF NIGERIA PLC (FBN), UNITED BANK OF AFRICA PLC (UBA), AFRIBANK PLC, GUARANTY TRUST BAK, DIAMOND BANK, OCEANIC BANK, INTERCONTINENTAL BANK, SKYE BANK AND ZENITH BANK.**

(c) Cheques should be sent along with the completed application form to the Registrar, **Medical and Dental Council of Nigeria** at any of the offices of the Council at Abuja, Enugu or Kaduna, Lagos or to the State Monitoring Committee Office.

(d) **YOU ARE TO NOTE WELL** that any cash payment made to any staff in contravention of this guideline, could be embezzled and the Council would nevertheless require you to pay fees still outstanding against you in the records.

You should also advise any relations of yours who may come for any matter on your behalf to be aware of this.

5. **PENALTY FOR LATE PAYMENT** Failure to pay the practising fee for ANY YEAR before **31ST DECEMBER OF THE PRECEDING YEAR** will attract a minimum penalty of double the annual Fee, apart from the likelihood of the defaulter being prosecuted. Persons, who have defaulted for three or more years, shall pay additional penalty for default. To facilitate the issuance of the practicing license before the 1st of January, doctors are advised to pay their fees as early in the years as possible, notwithstanding the 31st December deadline.

6. **RESPONSIBILITY FOR PRACTISING FEES:**

Doctors are to note that it is the personal responsibility of a Doctor to ensure that his practicing fee is paid. No institution can be held responsible when this is not done.

7. **PRACTITIONERS ON TEMPORARY (LIMITED) REGISTER** Practitioners with Temporary registration should know that they are required to renew their registration when it lapses, as payment of the practicing fee to obtain a license is not synonymous with renewal of registration.

8. **ASSIST US TO SERVE YOU BETTER** In all your correspondences with the council endeavour to include:

Your Full Registration Number

Your Folio Number

Your Full Current Address

Your Full Names, Surnames underlined

Your Maiden Name if you are married. Or your previous name if your name has changed for any reason. These parameters will ensure a faster processing of your need and assist the Council to serve you better.

9. **NEED TO COMPLY WITH GUIDELINES** Endeavour to comply with regulations for your own good and the assist the Council to serve you better.

Remember: Demand of gratification from you by **ANY STAFF** of the Council for any service **rendered or to be rendered** - is illegal and a punishable offence. Report any such instance directly and with specific details to the Registrar.

Registrar ,MDCN