

**MEDICAL AND DENTAL COUNCIL**

**OF**

**NIGERIA**



**FORM C**

**FORM OF APPLICATION**

**FOR**

**LIMITED REGISTRATION**

# MEDICAL & DENTAL COUNCIL OF NIGERIA

Plot 1102, Cadastral zone B11, off Oladipo Diya Road Kaura District, P.M.B 458, Garki, Abuja, Federal Capital Territory  
 Email: [medicalcouncil@yahoo.com](mailto:medicalcouncil@yahoo.com), Website: [www.mdcnigeria.org](http://www.mdcnigeria.org) Tel: 09-2902900, 2901435, 2901349.



**Form C**

## APPLICATION FOR LIMITED REGISTRATION

*(All items of information requested must be entered fully)*

Passport Photograph

Passport Photograph

I hereby apply for Limited Registration as a Medical/Dental Practitioner in accordance with the following particulars:

### PART I

**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 Date:

(a) Home Town \_\_\_\_\_

(b) Local Government Area \_\_\_\_\_

(c) Country/State of origin \_\_\_\_\_

5. **Full Residential Address** (a) in Country/State of origin \_\_\_\_\_  
 (Phone No): \_\_\_\_\_

(B) in Nigeria \_\_\_\_\_  
 (Phone No): \_\_\_\_\_

6. Full Business address in Nigeria: \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Office Phone \_\_\_\_\_

7. Postal/Contact Address (if different from 5 (b) & 6) \_\_\_\_\_

### PART II

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

**(b) Professional/Academic qualifications obtained, with dates:**

Qualifications	Institutions	Dates	Licensing Body

**2. Previous professional experiences, including relevant details:**

(a) Pre-registration appointment:

(i) Full name of hospital	Address	Period of Employment	
		From	To

(ii) Details of Postings:

Department	Full name of Supervising Consultant	Consultant's Qualifications	Period of Posting	
			From	To
Medicine				
Surgery				
Paediatrics				
Obsterics & Gynaecology				

**(b) Other appointments:**

Full name of hospital	Address	Period of Employment	
		From	To

**3. Appointment(s) to be taken up in Nigeria for which registration is being sought:**

Hospital or Institution	Full Address	Position offered	Date of Appointment

**PART III**

- 1 (a) Date of first entry into Nigeria: \_\_\_\_\_  
 (b) Purpose of entry in to Nigeria \_\_\_\_\_  
 \_\_\_\_\_  
 (c) Possible duration of stay in Nigeria \_\_\_\_\_  
 (d) Intended date of departing from Nigeria \_\_\_\_\_

2. Give the names of the Medical Councils or Jurisdiction under which you have previously worked:

Name of Jurisdiction	Address of Jurisdiction	Period under Jurisdiction	Registration Number

3. Have you ever been the subject of an investigation or disciplinary action for professional misconduct in Nigeria or in any jurisdiction where you had worked?  
 ( ) Yes ( ) No      If "Yes", give full details (Using additional paper if necessary).  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4. Have you been previously registered in Nigeria ( ) Yes ( ) No.  
 If "yes", give (a) Registration number \_\_\_\_\_  
 (b) Period of Registration \_\_\_\_\_  
 (c) Employment for which registration was granted \_\_\_\_\_  
 \_\_\_\_\_  
 (d) Reasons for leaving that employment \_\_\_\_\_  
 \_\_\_\_\_

5. Have you left Nigeria since the previous registration?  
 ( ) Yes ( ) No.      If "yes", give details of the circumstances \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6. Give the names of three (3) referees (not relatives) to whom you are professionally known and who can attest to your good character.

Full Name of Referee	Full Address	Occupation & Status
1.		
2.		
3.		
4.		

**PART IV**

Attached/enclosed are relevant evidence (certified copies) of all my academic qualifications, my birth certificate, copies of my certificate of registration with other jurisdictions (where applicable), copy of my letter of appointment to a post in a hospital in Nigeria, Copy of resident permit/work permit (where applicable) issued by the immigration department of the Federal Ministry of Internal Affairs of Nigeria, the certified cheque for the registration fee and two recent photographs of me, the Applicant. A certified English translation must accompany any document which is not in English language.

Signature of Applicant \_\_\_\_\_

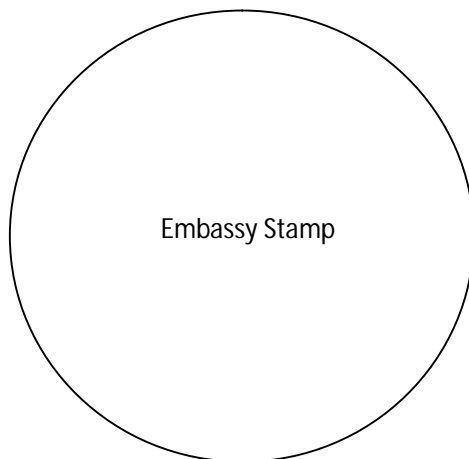
Date \_\_\_\_\_

Signature of Applicant's Embassy official \_\_\_\_\_

Name of official \_\_\_\_\_

Status of Embassy \_\_\_\_\_

Date \_\_\_\_\_



Note: 1 All doctors seeking Limited registration to practice in Nigeria must:

- (a) Possess recognized basic medical or dental degrees from accredited training institutions:
- (b) Possess recognized professional post graduate qualifications in a specialty in Medical or Dentistry or  
In the alternative, sit and pass the assessment examination of the Medical & Dental Council of Nigeria.
- (c) Show evidence of valid residence permit and a firm offer of appointment to a hospital in Nigeria.
- (d) Pay the appropriate registration fees as well as their annual licensing fees.

2. A doctor on the limited register can legally practice only in the employment for which he is registered. He is not allowed to set up practice solely on his own in Nigeria whether in the private or the public sector, and must inform the Registrar promptly whenever his address changes. A change of employment invalidates his registration and he must obtain a fresh registration. He is also required to renew his registration promptly whenever it lapses unless he leaves the country.

**CERTIFICATE OF SELECTION FOR EMPLOYMENT**

(To be completed by the Medical Chief Executive of the Employing Authority or an appropriately designated officer)

Note: This section must be completed and signed by a registered and licenced medically qualified official of the Hospital authority or the institution which proposes to employ the applicant doctor.

This is to certify that Dr.....  
(Name of applicant doctor)

who has applied to you for TEMPORARY REGISTRATION, has been selected for employment as a medical/ dental practitioner in the underlisted hospital(s) or medical institution(s)

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\* Please give FULL NAME and ADDRESS of all the hospitals or medical institutions, specifying every location with which the employee will be involved,

Post offered to the applicant:.....

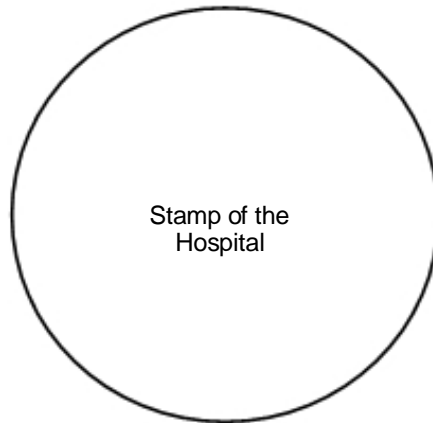
Period of employment.....

Signature of official completing this section.....

Full name of official.....

Official Designation & Qualifications.....

Date .....



Note: Payment of the registration fee and all other fees MUST be by BANK CERTIFIED CHEQUES made payable to "MEDICAL AND DENTAL COUNCIL OF NIGERIA" and submitted with the completed application forms to the REGISTRAR, MEDICAL AND DENTAL COUNCIL OF NIGERIA at any of the following addresses:

No. 25,Ahmed Onibudu Street,  
Lagos Island,  
P.M.B. 12611  
Lagos.

No, 2 Ogufere Street,  
Off Okpara Avenue,  
P.M.B. 01431,  
Enugu.

No, 6 North Avenue,  
(Red Cross Compound),  
Via Abakpa NEPA sub-station  
No, 6 North Avenue, P.M.B. 2275,  
Kaduna.

**Plot 1102, Cadastral zone B11,  
Off Oladipo Diya Road Kaura District,  
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