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
Email: medicalcouncil@yahoo.com Website: www.mdcnigeria.org

Form A

APPLICATION FOR PROVISIONAL REGISTRATION

PASSPORT PHOTOGRAPH	PASSPORT PHOTOGRAPH

I hereby apply to be provisionally registered as a Medical/Dental Practitioner in accordance with the following particulars:

1. **Full Names of Applicant** *(Abbreviations are not allowed):*
   (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: ____________ Nationality: ____________
5. **Full Permanent address in state of origin:** ____________________
   ____
6. **Full Business Address:** ____________________
   ____
7. **(a) Postal/Contact Address** *(if different from 5 & 6):* ____________________
   ____
   (b) Telephone No: ____________ (c) e-mail ____________
8. **Educational Data:**

(a) Schools Attended	Name of Institution	Date attended From	Date attended To
Primary:			
Secondary:			
Tertiary:			
Medical School:	(i) Pre-Clinical Period		
	(ii) Clinical Period		

(b) Professional / Academic qualification obtained with dates:

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9. Present appointment (including date of appointment): ______________________________

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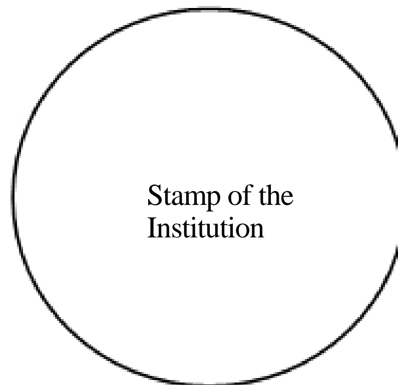
Attached are relevant evidence of all my academic and professional qualifications, my birth certificate, the certified cheque for the registration fee and two recent passport photographs of myself.

Signature of the Applicant: ______________________________

Date: ______________________________

Signature of Provost/Dean of Medical School/Faculty: ______________________________
(for graduates of Nigeria Institutions)

Date: ______________________________



Note: Payment of registration fee MUST be by BANK CERTIFIED CHEQUE. Completed application forms should be returned to the office of THE REGISTRAR, MEDICAL AND DENTAL COUNCIL OF NIGERIA.