

# MEDICAL & DENTAL COUNCIL OF NIGERIA

8th Floor, Phase 1, Federal Secretariat Ikoyi, P. M. B. 12611, Lagos.



Form D

## APPLICATION FOR REGISTRATION OF ADDITIONAL QUALIFICATIONS

PASSPORT PHOTOGRAPH

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.**

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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:

8th Floor, Phase  
Federal Secretariat Ikoyi,  
P. M.B. 12611  
Lagos.

1,2, Ogufere Steeet,  
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.

Plot 835 Block 3,  
UmuahiaClosse,  
Area 11, Garki,  
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 fo 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 practising fees up to date.