

**MEDICAL AND DENTAL COUNCIL
OF
NIGERIA**



FORM B

**FORM FOR APPLICATION
FOR
FULL REGISTRATION**

MEDICAL & DENTAL COUNCIL OF NIGERIA

25, Ahmed Onibudo Street, Victoria Island, PM.B. 12611, Lagos.



FORM B

APPLICATION FOR FULL REGISTRATION

(All items of information required must be fully entered)

Passport Photograph

Passport Photograph

PROVISIONAL REGISTRATION NO.:

FOLIO NO: MDCN/R/

I hereby apply for **FULL REGISTRATION** as a Medical/Dental Practitioner 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 Residential Address in State of Origin:** _____

6. **Full Business Address:** _____

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

8. **Educational Data:**

(a) SCHOOLS ATTENDED (Give full name and address)

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:

Qualification	Date	Licensing Body

9. Past Professional Experience, including details

(a) Pre-Registration Appointment:

Full Name of Hospital	Address	Period of Employment	
		From	To

(b) Details of Postings:

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

10. Present Appointment:

Hospital or Institution	Address	Position Held	Date of Appointment

11. Have you ever faced the Medical & Dental Practitioners' Disciplinary Tribunal in Nigeria or any other country? If 'yes', give full details (*Use additional paper if necessary*)

Yes

No

Details: _____

12. Give the Names of Three (3) Referees (not relatives)

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

Attached/enclosed are relevant evidence of all my academic and professional qualifications, my birth certificate three original copies of my certificate of satisfactor completion of Pre-registration (Internship) appointment/posting, the certified cheque for the registration fee and two recent passport photographs of me, the applicant.

Signature of Applicant

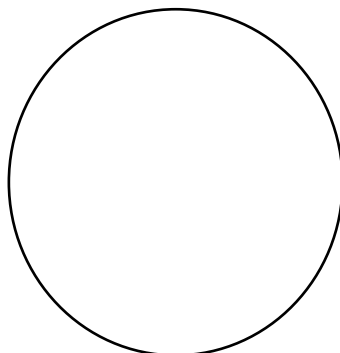
Date

Signature of Chief Medical Director or
Adminstrative Head (by whatevee name called)
of the Hospital where internship was done:

Signature

Date

**STAMP OF THE
INSTITUTION** >>>



Note: Payment of the registration fee must be by BANK CERTIFIED CHEQUES payable to “MEDICAL & DENTAL COUNCIL OF NIGERIA” and completed application forms should be returned to the REGISTRAR, MEDICAL & DENTAL COUNCIL OF NIGERIA at any of the following offices:

No 25, Ahmed Onibudo Street,
Victoria Island,
P. M. B. 1 2611
Lagos.

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

No, 6 North Road
(Red Cross Compound),
Via Abakpa N.E.P.A.
Sub-Station
P. M. B. 2275, Kaduna.

All doctors wishing to become registered must have been provisionally registered in the first instance. A doctor who does not have provisional registration MUST give satisfactory reason to the REGISTRAR as to why was not so registered, before his application for full registration will be considered. Such a doctor would thereafter pay the appropriate penalty for registering fully without a provisional registration

All doctors seeking registration from Council must also pay their annual licensing fees.