

MEDICAL & DENTAL COUNCIL OF NIGERIA

25 Ahmed Onibudo street, Victoria Island, P.M.B. 12611, Lagos.



Form A

APPLICATION FOR PROVISIONAL REGISTRATION

PASSPORT PHOTOGRAPH

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

8. Educational Data:

(a) Schools Attended

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

(b) Professional / Academic qualification obtained with dates:

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

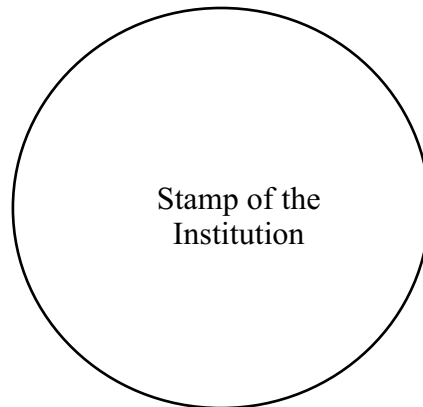
Attached are relevant evidence of all my academic and professional qualifications, my birth certificate, the certified cheque for the registration fee and two recent passport photographs of myself.

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.