

MEDICAL AND DENTAL COUNCIL

OF

NIGERIA



FORM B

FORM FOR APPLICATION

FOR

FULL 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, Website: www.mdcnigeria.org Tel: 09-2902900, 2901435, 2901349.

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) SCHOOL ATTENDED

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	Posting period	
			From	To
Medicine				
Surgery				
Pediatrics				
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 satisfactory 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

Signature of Chief Medical Director or

Date

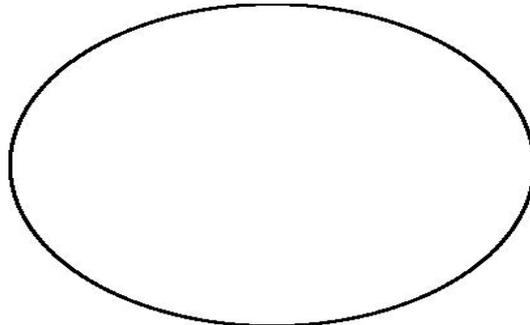
Administrative Head (by whatever name called) Signature

Signature

of the Hospital where internship was done:

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:

**Plot 1102, Cadastral zone B11,
off Oladipo Diya Road Kaura District,,
P.M.B 458, Garki, Abuja, Federal Capital**

**No 2 Ogufere Street
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 fully 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 he 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.