

MEDICAL AND DENTAL COUNCIL OF NIGERIA

Plot 1102, Cadastral Zone B11, Off Oladipo Diya Road, Behind Prince and Princess Estate, Kaura District, P.M.B 458 Garki Abuja.



Form G

APPLICATION FOR THE ASSESSMENT EXAMINATION OF THE MEDICAL
AND DENTAL COUNCIL OF NIGERIA
(FOR HOLDERS OF UNRECOGNISED MEDICAL AND DENTAL QUALIFICATIONS)
(ALL ITEM OF INFORMATION REQUESTED MUST BE ENTERED FULLY)

Passport Photograph

FOR OFFICIAL USE ONLY

Date Received.....

Examination Number.....

Examination Result.....

I hereby apply to take part in the next assessment Examination of the Medical and Dental Council of Nigeria for holders of unrecognized basic Medical and Dental Degrees in accordance with the following particulars:

PART 1

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 Residential Address:

(a) In Country /State of Origin:

(b) In Nigeria (for Expatriate applicants):

6. Full Business Address:

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

8. Date of Entry into or return to Nigeria:

PART 11

1. Educational Data:

(a) Schools Attended

	Name of Institution	Dates Attended	
		From	To
Primary:			
Secondary:			
Tertiary:			
Medical Schools:			

(i) Pre-Clinical Period

(ii) Clinical Period

(b) Professional /Academic Qualification obtained with dates:

Qualifications	Date	Licensing Body

2. Professional experiences including details:

3. Are you currently employed? Yes No

If "yes", give details -----

4. Have you taken this examination before? Yes No

If "yes", indicate number of times with dates and venue-----

5. Have you attended any remedial course or undertaken any clinical attachment preparatory to this Examination? Yes No

If "yes", give details of period and institution -----

REFERENCES:

Give the names, full address and occupation of two referees who are not relatives

S/N	Name	Address	Occupation and status
1.			
2			

Signature of Applicant----- Date -----

**NOTE: 1. Regulations of the Council require that candidates who wish to sit for the assessment examination must undergo one month's clinical attachment in EACH of the four major departments of Medicine, Surgery, Paediatrics and Obstetrics and Gynaecology at a hospital recognized for internship training before becoming eligible for the examination.
Candidates would be expected to produce satisfactory evidence of the required clinical attachment on the day of the examination.**

2. Completed application forms are to be returned with the examination fees (in blank certified cheque payable to the MEDICAL AND DENTAL COUNCIL OF NIGERIA),Two (2) recent passport size photographs of the applicant, and photocopies of all academic qualifications and birth certificate, before the advertised closing date to the REGISTRAR , MEDICAL AND DENTAL COUNCIL OF NIGERIA, PLOT 1102, CADASTRAL ZONE B11, OFF OLADIPO DIYA ROAD, BEHIND PRINCE AND PRINCESS ESTATE,KAURA DISTRICT, P.M.B 458 GARKI ABUJA.

