MEDICAL & 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, Federal Capital Territory
Tel: 09-2902900, 2901435, 2901349, 7803357, 7803059, 7802977
Email: medicalcouncil@yahoo.com, registration@mdcnigeria.org Website: www.mdcnigeria.org

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.

_____

_____

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:

Block 11, 1st Avenue, FClose,
Lagos Island,
P. M.B. 12611
Lagos.

Off Okpara Avene,
G. R. A,
P.M.B. 01431,
Enugu.

(Redcross Compound),
Near Abakpa NEPA Sub-station,
P.M.B. 2275,
Kaduna.

Plot 1102, Cadastral Zone B11,
Off Oladipo Diya Road, P.m.b 458
Kaura District , 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 practicing fees up to date.