

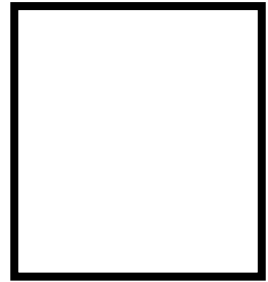
FEDERAL MEDICAL CENTRE IKOLE-EKITI

CONFIDENTIAL

P.M.B 5011, EKITI STATE, NIGERIA



APPLICATION FORM [INTERNSHIP]



Application for the post of:.....

In the Department of:.....

1. Surname:.....

Other Names:.....

Maiden Name:.....

2. Date of Birth:.....Sex:.....

Place of Birth:.....

3. State of Origin:.....Local Govt:.....

Nationality:.....

4. Marital Status:.....

5. Number of Children with Age (s):.....

6. Postal Address:.....

.....

Phone Number:.....

7. Residential Address:.....

8. Permanent Home Address:.....

9. Next of Kin: Name:.....

Address:.....

Relationship:.....

10. INSTITUTIONAL ATTENDED

Name of Institution	Date of Entry	Date of Graduation	Qualification obtained

11. DETAILS OF PROFESSIONAL QUALIFICATION/TRAINING:

Qualification	Name and Address of Training School/College/Institute	Date obtained	Certificate No.

12. In case of sponsorship for a course, have you been released from bond by your sponsorship, Yes/No?

13. Have you ever been convicted? (Yes/No).....
If Yes, state reason(s):.....
.....
.....

Note: Detection of concealment of facts or falsehood in this regard, shall be sufficient ground for non-employment or subsequent termination of appointment without notice.

14. REFERENCE: Give the names and addresses of three (3) referees:

i. Name:.....
Position:.....
Address:.....
.....

ii. Name:.....
Position:.....
Address:.....
.....

iii. Name:.....
Position:.....
Address:.....
.....

15. Date upon which you can assume duty if the application is successful:.....

16. Other remarks in support of your application:.....
.....
.....
.....

Date:.....

.....
Signature of Applicant

INSTRUCTION ON HOW TO COMPLETE THE APPLICATION FORM
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1. Applicant should fill Seven (7) copies of the application form
2. Applicant should collate the 7 copies and attach photocopies of all relevant credentials/certificates which should then be stapled or tied at the top left of the form
3. The completed application form should be addressed to the:

**The Medical Director,
Federal Medical Centre
P.M.B. 5011,
Ikole-Ekiti**

and delivered by hand or posted to the aforementioned address, with the desired position marked in capital letters on the top left hand corner of the envelope.

4. Applicant must submit along with the application form, reference letters from nominated referees.
5. Applicant should fill the form as applicable

For Official Use

Applicant Number:.....

Date submitted:.....

Certificate/Credentials attached.....

☐ CV

☐ O'Level

☐ Letters from Referees

☐ Praticing License

☐ First degree

☐ Other: State