FEDERAL MEDICAL CENTRE IKOLE-EKITI

CONFIDENTIAL

P.M.B 5011, EKITI STATE, NIGERIA.

AFFIX
PASSPORT

APPLICATION FORM
[GENERAL]

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 Admission	Date of Graduation	Qualifications obtained with Date

11. DETAILS OF PROFESSIONAL QUALIFICATION/TRAINING:

Qualifications	Name and Address Institutions	Date obtained	Certificate No.

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

13. Present Appointment……..……..

Salary:……..

Name of Employer……..

IPPIS number:……..

14. Nature of present duties and responsibilities:……..

……

……..

15. Reason(s) for wishing to leave present employment:……..

……..

……..

16. Previous Appointments (with dates of commencement and leaving)

Employing Authority	Post Held	From	To	Reason for leaving

17. Have you been convicted?(Yes/No)

18. (a) Have you been previously dismissed from the Public Service? (Yes/No)

(b) Has your appointment bee previously terminated? (Yes/No)

If yes, state reasons……

……

……

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.

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

i. Name:……

Position:……

Address:……

……

ii. Name:……

Position:……

Address:……

……

iii. Name:……

Position:……

Address:……..

……..

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

……

……..

21. Other remarks in support of your application:

……

……

Date:…….. ……

Signature of Applicant

INSTRUCTION ON HOW TO COMPLETE THE APPLICATION FORM

1. Applicants should attach a photocopy of all relevant certificates to the original of this form.
2. Applicants should thereafter make 6 copies of the filled form.
3. Applicants should collate the 7 copies (made up of original form and photocopies) which should be stapled or tied at the top left of the form and forward to:

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

4. Applicant must submit along with the application form, reference letters from nominated referees.

For Official Use

Applicant Number:……..

Date submitted:……..

Certificate/Credentials attached……..

- ☐ CV
- ☐ O'Level
- ☐ First degree
- ☐ Fellowship or Postgraduate Degree
- ☐ Birth Certificate/Sworn declaration of Age
- ☐ Practicing License
- ☐ NYSC certificate/Exemption
- ☐ Letters from Referees
- ☐ State of Origin/LG Attestation