

FEDERAL TEACHING HOSPITAL

CONFIDENTIAL

P.M.B. 201, IDO EKITI, NIGERIA



**AFFIX
Passport**

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:..... **Email:**.....

7. Residential Address:.....

.....

.....

8. Permanent Home Town Address:

.....

9. Next of kin: Name:.....

Address:.....

Relationship:.....

10. INSTITUTIONS ATTENDED:

Name of Institution	Date Entered	Date Left	Qualification obtained with date

11. DETAILS OF PROFESSIONAL QUALIFICATION / TRAINING:

Qualifications	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 sponsor, 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:.....

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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 THIS APPLICATION FORM

1. Applicant should fill three (3) copies of the application form.
2. Applicant should collate the 3 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:

**Chief Medical Director,
Federal Teaching Hospital,
P.M.B. 201,
Ido Ekiti, Ekiti State**

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 their nominated referees.
5. Applicant should fill the form as applicable.

For Official Use

Application Number:

Date Submitted:

Certificate/Credential attached:

CV

O' Level

Letters from Referees

Practicing Licence

First Degree

Others: State