

**WEST AFRICAN COLLEGE OF SURGEONS**  
**6, Taylor Drive, Off Edmund Crescent,**  
**P. M. B. 1067, Yaba.**  
**Lagos, Nigeria**

(TWO) PASSPORT  
 PHOTOGRAPH

**FORM OF ENTRY TO COLLEGE EXAMINATIONS**

**Instructions & Notices**

- a. *This form, when fully completed, must be returned to the Secretary General, WACS, as early as possible at the address above but not later than the advertised closing date.*
- b. *All Payments should be made at any UNITED BANK FOR AFRICA Plc (UBA), with online facilities to ACCOUNT NO. 1014816816, ACCOUNT NAME - "WEST AFRICAN COLLEGE OF SURGEONS " Candidates must indicate their names in the Teller Column 'Paid By' and also indicate Faculty, & Part on the Teller.*
- c. *For Candidates sitting exams in Accra Ghana. Payments should be made to Mr. Abraham Okley in WAPMC liason Office at UGMS, Korle Bu, Accra, Ghana).*
- d. *Copies of relevant professional certificates (see items 8, 9, 10 below) and two passport size photographs with THREE self addressed (stamped) Envelope must be attached.*
- e. **DEFERMENT OF EXAMINATION AFTER SUBMISSION OF FORMS OR APPLICATION FOR REFUND ARE NO LONGER ACCEPTABLE**
- f. *Examination scripts are the property of the College and shall normally be destroyed two years after the examination.*

**GENERAL INFORMATION**

- 1. **Surname** (Block Capitals) .....
- 2. **Other names:** Block Capitals).....
- 3. **Maiden Name:** (if any) .....
- 4. **Residential Address:**.....
- 5. **Postal Address** (if different from above) .....
- 6. **E-mail address** ..... **Telephone No.** .....
- 7. **Date of Birth:** ..... **Sex:** .....
- 8. **Nationality:** .....

- 9. Professional and University Qualifications: Name of University/ College: Date:
  - .....
  - .....

10. Date of full registration with National Medical Council/Board  
 .....

11. Date of Discharge from NYSC Programme or Rural Service as applicable: .....

- 12. Post-registration Appointments:
  - .....
  - .....

**SPECIFIC INFORMATION**

- 13. College Faculty to which application is being made. (Mark X in the appropriate box).

WACS Faculties	
<input type="checkbox"/>	ANAESTHESIA
<input type="checkbox"/>	DENTAL SURGERY
<input type="checkbox"/>	OBSTETRICS & GYNAECOLOGY
<input type="checkbox"/>	OPHTHALMOLOGY
<input type="checkbox"/>	OTORHINOLARYNGOLOGY
<input type="checkbox"/>	RADIOLOGY
<input type="checkbox"/>	SURGERY

14. Date of entry to an Accredited Training Programme: .....

15. Name of Institution: .....

16. Date of Examination applied for .....

- 17. **Preferred Examination Centre:** (Tick [√] as appropriate):

<input type="checkbox"/>	ABUJA
<input type="checkbox"/>	ACCRA

<input type="checkbox"/>	IBADAN
<input type="checkbox"/>	ENUGU

<input type="checkbox"/>	FREETOWN
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18. Previous attempts at the Primary Fellowship Examination?

	Date
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19 I declare that the statements made in this application are to the best of my knowledge correct and complete and I accept that any statement found to be false may render me liable to disqualification from the examination and other sanctions.

Candidate's Signature ..... Date: .....

**CERTIFICATION**

20. FOR THE CANDIDATE'S CURRENT HEAD OF DEPARTMENT or SUPERVISING CONSULTANT

I certify that the candidate has satisfactorily worked in my Department/Unit from ..... to .....

Signature: ..... Date: .....

Qualifications: .....

Full Name: .....

Address: .....

<u>For Office Use Only</u>	<u>Action By</u>	<u>Signature</u>
Date Application received .....	Exam. Officer	.....
Date Application checked.....	Accountant	.....
Fee Paid.....	Faculty Officer	.....
Exam. No.....	Secretary General	.....

**WEST AFRICAN COLLEGE OF SURGEONS**



**APPLICATION FOR ADMISSION TO PRIMARY FELLOWSHIP EXAMINATIONS**

**FOR OFFICIAL USE**

EXAMINATION DATE .....

FEE PAID: .....

TELLER NO/DATE .....

RECEIPT NO.: .....

EXAMINATION NO. : .....

EXAMINATION CENTRE: .....

**NB: PLEASE TICK THE PREFERRED CENTRE FOR THE EXAMINATION: ITEM 17.**

*(Changing of Centre after submission of form will not be ENTERTAINED)*