



PAEDIATRIC ASSOCIATION OF NIGERIA

Tel: +2347037850012, e-mail: pan.nigeria@gmail.com, Web: www.pan-ng.org

APPLICATION FOR MEMBERSHIP

Form to be filled in Applicant's own handwriting and returned to the Secretary PAN with a non-refundable fee of **Six Thousand Naira (N6,000:00)** in Bank Draft addressed to the Paediatric Association of Nigeria

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PERSONAL INFORMATION

- 1. Full Name
- 2. Sex
- 3. Telephone
- 4. Nationality
- 5. E-mail

- 6. Address
- 7. Medical Schools attended

Schools

Years

- 8. Degrees, Diploma etc obtained

Qualifications

Years Obtained

- 9. Are you registered with Medical & Dental Council of Nigeria ? Yes No

If Yes, When?

- 10. Appointments held

Post

Location

Year

11. PRESENT APPOINTMENT

12. Category of Membership sought

- 13. Name two Referees who are full Members of the Paediatric Association of Nigeria and obtain their written recommendation overleaf.

(i) Name

Telephone

Address

E-mail

(ii) Name

Telephone

Address

E-mail

Date

Signature of Applicant

(P.T.O.)

Referee:

1. Name

Address

Recommendation

Signature

Date

Referee:

2. Name

Address

Recommendation

Signature

Date

Successful Applicants will be required to pay the Membership fee on admission

FOR OFFICE USE ONLY

Application Successful.

Application Rejected.

Admitted to: Ordinary

Associate

Trainee Membership.

President

Secretary