

# UNIVERSITY OF PORT HARCOURT

No: *APPL/2018/CENMERT/PGD MED ED/.....*



## ***CENTRE FOR MEDICAL RESEARCH AND TRAINING (CENMERT)***

### ***COLLEGE OF HEALTH SCIENCES***

#### ***APPLICATION FOR ADMISSION INTO POSTGRADUATE DIPLOMA IN MEDICAL EDUCATION 2018/2019 SESSION***

1. Name of Candidate:

2. Former Name

(If applicable, evidence should be attached):

3. Date of Birth:

4. Place of Birth:

5. Marital Status:

6. Nationality:

7. State of Origin:

8. Present Employment:

9. Present Address:

10. Tel. No:

11. Email Address:

12. Educational Institutions Attended with Dates and Academic Qualifications with Dates:

INSTITUTION	QUALIFICATION	START DATE	COMPLETION DATE	CGPA

13. Cumulative Grade Point Average:

14. Scale:

29. Languages Spoken:

Languages Written:

30. Degree/Diploma aimed at:

31. Area of Specialization:

32. Major Research Interest:

33. Mode of Study:

34. Candidate's current place of work:

35. Are you teaching in any Institution now?

If so, give details: Name of Institution.....

Position..... For how Long? .....

36. Candidate's Sponsor:

37. Candidate's Sponsor's Address:

Phone No:

38. Names, Addresses and Emails of three (3) Referees:

S/N	Name	Address	Email	Phone
1				
2				
3				

39. Declaration of Applicant

I hereby declare that the particulars which I have supplied are true to the best of my knowledge and belief. I am aware that withholding or giving false information automatically disqualifies me from gaining admission. If admitted to the University, I shall regard myself bound by the rules and regulations of the university.

Signature\_\_\_\_\_

Date\_\_\_\_\_

**PROSPECTUS TELLER DETAILS**

NAME OF BANK	BRANCH/LOCATION	TELLER NUMBER	AMOUNT	DATE ON TELLER

**ACCOUNT OFFICER'S SIGN:**

**DATE:**

Email: cenmert@uniport.edu.ng

Phone: 08092085222