



**MEDICAL LABORATORY SCIENCE COUNCIL OF NIGERIA**  
Application Form for Entry into



**THE FOREIGN GRADUATES REGISTRATION QUALIFYING EXAMINATION FOR FOREIGN TRAINED MEDICAL LABORATORY SCIENTISTS, JANUARY, 2018**

- (a) Surname.....
1. Names (b) First name ..... other name .....
2. Address .....
3. Nationality ..... State/LGA (Nigerians only) .....
4. F.G APPLICATION Number .....
5. Name of University attended ..... Country .....
6. Name of Institution posted for Laboratory Training in Nigeria .....
7. Period of Laboratory Posting: ..... Date Commenced ..... Date Completed .....

S/No.	Name of Hospital :	Date		No. of Months spent
	Laboratory Disciplines covered	From	To	
1.	Chemical Pathology Laboratory			
2.	Haematology/Blood Transfusion Laboratory			
3.	Microbiology/Parasitology Laboratory			
4.	Histopathology /Cytology Laboratory			
5.	<b>Any other:</b> ( Please mention)			

8. No. of previous entry to the F.G. Registration qualifying Exam ..... State year(s) .....

**Declaration /Undertaking by applicant:**

I ..... hereby declare that the information given in this application is correct to the best of my knowledge and that I will accept without question any decision relating to the result of this examination which Medical Laboratory Science Council of Nigeria may reach. I also undertake to forfeit my result and accept any other sanction that Council may impose if at any time, the information given in this application is found to be false even after the release of result of the examination.

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

9. **Certification by Head of School/Training Coordinator** (Not below the status of an Associate)

I hereby certify that the above named applicant has completed the prescribed training /course of instructions under my charge in an approved/recognized Laboratory in Preparation for the National Examination, and has duly satisfied the requirements stipulated in the syllabus and for admission to the examination. If at any time it is discovered that the information I give in this application is false, I will accept whatever sanction given to me by Council.

Full Name..... Signature/Date.....

Status..... Registration No.....

10. **Items to be submitted along with the application**

- (a) Two recent passport-size photographs of yourself with your full name (**NOT initials**) inscribed at the back of each photograph and endorsed by Head of School or Coordinator of F.G Training.
- (b) Evidence of payment of Lab posting/ Exam Fees, application fee and Development levy.

11. **Clearance from Education Unit of Council**

The applicant has submitted all required credentials and have been found to be genuine to the best of my knowledge. His/Her **FG number** is ..... Year of Application is ..... He has also paid all the mandatory fees and is hereby cleared to be enrolled for this Examination.

Name ..... Signature ..... Staff ID No. ....

**WARNING & INSTRUCTIONS**

- a. Intending candidates are warned that failure to provide all the details set out in this Form will lead to automatic rejection of the application.
- b. Completed application form together with evidence of examination fee paid through Remita platform shall be forwarded to:

**The Registrar/CEO**  
Medical Laboratory Science Council of Nigeria  
Plot 1166 Mohammed N. Umar Lane,  
Durumi, Phase II, Garki, Abuja.

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**FOR OFFICIAL USE ONLY**

**Application:** Accepted/Rejected

**Examination No.** ..... **Centre:**.....

**Signature**.....

**Head of Examination Unit**