



WEST AFRICAN COLLEGE OF PHYSICIANS

6, TAYLOR DRIVE, OFF EDMUND CRESCENT,
MEDICAL COMPOUND, P. M. B. 2023, YABA, LAGOS
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DETAILS OF FELLOWSHIP

FORM A

SECTION A

NAME:.....

Surname First & Underlined

MAIDEN NAME:.....

DATE OF BIRTH

Current Address:..... Permanent Address (for correspondence from the College)
.....

.....

Tel/GSM:..... Tel/GSM:.....

Fax:..... Email:.....

Date of Examination Passed/A Copy of Result:.....

Faculty:.....

I (would/would not) be able to attend the Admission Ceremony in November:.....

(Note: Failure to attend will attract a fine of \$200 or N80,000.00)

.....
Signature and Date

SECTION B (To be filled by Two (2) Fellows of good standing with the College)

I,attest that the above named is of good character and worthy to be admitted as a Fellow of the College.

.....
Signature and Date

I, attest that the above named is of good character and worthy to be admitted as a Fellow of the College.

.....
Signature and Date

For Official Use Only		
Form A.....	Checked by.....	Date.....
Fellows standing.....	Approved by.....	Date.....
Fees.....		