



# WEST AFRICAN COLLEGE OF PHYSICIANS

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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*) .....

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.....