

PART II: DETAILS OF EDUCATIONAL QUALIFICATIONS

(Attach photocopies of certificates obtained and letter of recommendation from your present institution)

10. Schools Attended	From	To		
	Month	Year	Month	Year
.....				
.....				
.....				

I, declare that the foregoing information is to the best of my knowledge and belief, complete and correct and that I have not suppressed any information about myself which might influence the Management Board in considering this application. I also agree that any information given by me but later found to be false should lead to the termination of my employment at any time.

Date:..... Signature of Applicant:.....

NOTE: Completed Application form should be attached with photocopies of relevant credentials and thereafter submitted to:

Chief Medical Director,
Olabisi Onabanjo University Teaching Hospital,
P.M.B. 2001
Sagamu.