

# OLABISI ONABANJO UNIVERSITY TEACHING HOSPITAL

P.M.B. 2001, Hospital Road, Sagamu, Ogun State · (+234) 816-370-1056 · info@oouth.com

## MEDICAL STAFF APPLICATION FORM

Ref: HR/MED/001 | Rev: Jan 2025

Please complete all sections in BLOCK CAPITALS. Attach certified copies of all certificates and credentials.

### PERSONAL INFORMATION

Surname	Other Names
<input type="text"/>	<input type="text"/>
Date of Birth	Gender
<input type="text"/>	<input type="text"/>
Nationality	State of Origin
<input type="text"/>	<input type="text"/>
LGA	Religion
<input type="text"/>	<input type="text"/>
Residential Address	
<input type="text"/>	
Phone Number	Email Address
<input type="text"/>	<input type="text"/>
Next of Kin	Next of Kin Phone
<input type="text"/>	<input type="text"/>

### MEDICAL QUALIFICATIONS

Primary Degree (MBBS/MBChB)	Year Obtained
<input type="text"/>	<input type="text"/>
Institution	Country
<input type="text"/>	<input type="text"/>
Postgraduate Qualification	Year Obtained
<input type="text"/>	<input type="text"/>
Fellowship/Membership	Awarding Body
<input type="text"/>	<input type="text"/>
MDCN Registration No.	Date of Registration
<input type="text"/>	<input type="text"/>
Other Certifications / CME Credits	
<input type="text"/>	

### EMPLOYMENT HISTORY

Current / Most Recent Employer	
<input type="text"/>	
Position / Designation	Department
<input type="text"/>	<input type="text"/>
Date Commenced	Date Ended
<input type="text"/>	<input type="text"/>
Reason for Leaving	
<input type="text"/>	

# OLABISI ONABANJO UNIVERSITY TEACHING HOSPITAL

P.M.B. 2001, Hospital Road, Sagamu, Ogun State · (+234) 816-370-1056 · info@oouth.com

## MEDICAL STAFF APPLICATION FORM

Previous Employer (if applicable)

Position Held

Duration

### POSITION APPLIED FOR

Department / Specialty Applied For

Grade / Cadre Sought

Preferred Start Date

Statement of Purpose (why you wish to join OOUTH)

### DECLARATION

I hereby certify that the information provided in this form is true, complete and correct to the best of my knowledge.  
I understand that any misrepresentation may result in disqualification or termination of employment.

Applicant's Signature

Date (DD/MM/YYYY)