# OLABISI ONABANJO UNIVERSITY TEACHING HOSPITAL

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## RESIDENCY TRAINING APPLICATION FORM

Ref: MED-ED/RES/001 | Rev: Jan 2025

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

### PERSONAL INFORMATION

Surname

Other Names

Date of Birth

Gender

MDCN Registration No.

NYSC Year

Phone Number

Email Address

Residential Address

### ACADEMIC BACKGROUND

Medical School

Country

Year of Graduation

Class of Degree

Housemanship Completed At

Year Completed

Any Postgraduate Training / Diplomas

### RESIDENCY PREFERENCE

First Choice Specialty

Second Choice Specialty

Preferred Start Date

Duration Sought

Personal Statement (motivation, career goals, research interests)

### REFEREES

Referee 1 Name

Designation

Referee 1 Institution

Email / Phone

Referee 2 Name

Designation

| Referee 2 Institution | Email / Phone |
|---|---|
| | |

## 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) |