

**UNIVERSITY OF CALABAR TEACHING HOSPITAL  
CALABAR  
PMB 1278  
CALABAR – NIGERIA**

**APPLICATION FORM FOR INTERNSHIP ENGAGEMENT**

1. Specialty:.....
2. Name in full:.....  

(Surname)
(First Name)
Middle Name
3. Nationality:.....
4. State of Origin:.....
5. LGA:.....
6. Date of Birth:.....
7. Marital Status:.....
8. Sex:.....
9. Contact Address:.....
10. Next of Kin's Name/Address/Phone No:.....  
.....  
.....

**11. Educational Qualifications**

S/N	NAME OF INSTITUTION	CERTIFICATE OBTAINED WITH DATE
A		
B		
C		

12. Professional Licence/Number with dates.....  
.....

13. Names and addresses of three referees. Two of them must have been in professional relationship with candidate/Principal of last school attended/last employer.

- 'Members of the Hospital Board of Management are not allowed to act as referees
- 1:.....
  - 2:.....
  - 3:.....

14. Further information to support your application (If any).....  
.....

Photocopies of credentials should be attached.

N/B Please note that it is a criminal offence to apply for Internship after previous engagement. Any culprit will be summarily dismissed and prosecuted.

Date:.....

Signature:.....