

WEST AFRICAN COLLEGE OF SURGEONS

6, TAYLOR DRIVE, EDMUND CRESCENT, MEDICAL COMPOUND
YABA, LAGOS



CERTIFICATION FOR PRIMARY & DA

1. CANDIDATE'S NAME

2. FOR THE CANDIDATE'S CURRENT HEAD OF DEPARTMENT *or*
SUPERVISING CONSULTANT

I certify that the Drhas satisfactorily worked
in my Department/Unit

from to

Signature:..... Date:

Qualifications:

Full Name:

Address:

.....

3. . COLLEGE FACULTY TO WHICH APPLICATION IS BEING MADE. (MARK **X** IN THE APPROPRIATE BOX).

WACS Faculties	
<input type="checkbox"/>	ANAESTHESIA
<input type="checkbox"/>	DENTAL SURGERY
<input type="checkbox"/>	OBSTETRICS & GYNAECOLOGY
<input type="checkbox"/>	OPHTHALMOLOGY
<input type="checkbox"/>	OTORHINOLARYNGOLOGY
<input type="checkbox"/>	RADIOLOGY
<input type="checkbox"/>	SURGERY
<input type="checkbox"/>	DIPLOMA IN ANAESTHESIA