



# FEDERAL MEDICAL CENTRE LOKOJA

P.M.B 5465, LOKOJA, KOGI STATE, NIGERIA

## INTERNSHIP APPLICATION FORM INTERNSHIP FORM FOR 2026/2027 ACADEMIC SESSION

### APPLICANT INFORMATION

Form No: 07859

Name of Applicants:

Course Of Study:

Institution:

Sex: Male  Female

D.O.B:

Phone No:

Email:

L.G.A:

State Of Origin:

Permanent Home Address:

Current Qualification:

### Sponsor's Details:

Sponsor Name:

Place of Work:

Phone Number:

### ATTESTATION

I, \_\_\_\_\_ hereby declare that i am not a member of any  
secrete cult and that the information I have provided above is true and correct this \_\_\_\_\_ day of  
\_\_\_\_\_, 2026.

\_\_\_\_\_  
STUDENT SIGN

\_\_\_\_\_  
PARENT/GUARDIAN SIGN

SSCE.: WAEC:  NECO:  NABTEB:  GCE:

FIRST EXAMINATION SITTING:

<u>SUBJECT</u>	<u>GRADE</u>
1. English Language	<input type="checkbox"/>
2. Mathematics	<input type="checkbox"/>
3. <input type="text"/>	<input type="checkbox"/>
4. <input type="text"/>	<input type="checkbox"/>
5. <input type="text"/>	<input type="checkbox"/>
6. <input type="text"/>	<input type="checkbox"/>
7. <input type="text"/>	<input type="checkbox"/>
8. <input type="text"/>	<input type="checkbox"/>

SECOND EXAMINATION SITTING:

<u>SUBJECT</u>	<u>GRADE</u>
1. English Language	<input type="checkbox"/>
2. Mathematics	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>

**FOR OFFICIAL USE ONLY**

NAME OF COORDINATOR: \_\_\_\_\_

COMMENT: \_\_\_\_\_

DATE OF REGISTRATION: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_