



THE MEDICAL REHABILITATION THERAPISTS (REGISTRATION) BOARD OF NIGERIA (MRTB)

INDUCTEE'S DATA FORM

Name:

Postal Address:

Residential Address:

Sex: Marital Status:

Email Address:

Date of Birth	Nationality	Professional Practice	State of origin	PPl. No.	Telephone No.	Your project title	Year of Admission & year of graduation.	Your would - be Areas of specialization

Signature:

Date: