

M.MED EXAMINATION APPLICATION FORM

Examination applying for: M.Med (EM) Part B & C M.Med (EM) Part B resit M.Med (EM) Part C resit

(pls tick (v) in the relevant box(es))

(A) PERSONAL PARTICULARS

1. NAME (Underline family or surname) _____
 (Mr/Mrs/Miss/Mdm) *

2. NAME ON DEGREE SCROLL (if different from above)

3. PASSPORT/ NRIC NO _____ 4. DATE OF BIRTH _____ (dd/mm/yyyy)

5. TYPE OF NRIC : Singapore Pink/Singapore Blue/Malaysia Blue/Malaysia Pink*

6. HOME/PERMANENT ADDRESS

7. MAILING ADDRESS

8. TEL NO _____ 9. PAGER NO _____ 10. FAX NO _____

11. HANDPHONE NO _____ 12. EMAIL _____

13. RACE : Chinese/Malay/Indian/Others* _____ (please specify) 14. SEX : Female/Male*

15. MARITAL STATUS : Single/Married/Divorced/Widowed*

16. DOMICILE (DOM)/PLACE OF BIRTH (POB)

	DOM	POB		DOM	POB
Singapore	<input type="checkbox"/>	<input type="checkbox"/>	Brunei	<input type="checkbox"/>	<input type="checkbox"/>
West Malaysia	<input type="checkbox"/>	<input type="checkbox"/>	Others	<input type="checkbox"/>	<input type="checkbox"/>
East Malaysia	<input type="checkbox"/>	<input type="checkbox"/>	Please specify _____		

* Please delete where not appropriate

17. CITIZENSHIP (Non –Singaporeans have to indicate whether they are also Singapore PR)

Singaporean	<input type="checkbox"/>	Singapore PR	<input type="checkbox"/>	Malaysian	<input type="checkbox"/>	Bruneian	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>	Indian	<input type="checkbox"/>	PRC	<input type="checkbox"/>	Myanmese	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	Filipino	<input type="checkbox"/>	Indonesian	<input type="checkbox"/>	Sri Lankan	<input type="checkbox"/>
Others	<input type="checkbox"/>	_____ (please specify)					

(B) ACADEMIC QUALIFICATION

1. POST-SECONDARY EDUCATION

<u>From</u>	<u>To</u>	<u>Name and Location of School</u>	<u>Certificate</u>
_____	_____	_____	_____
_____	_____	_____	_____

2. TERTIARY EDUCATION (UNDERGRADUATE)

<u>From</u>	<u>To</u>	<u>Name and Location of University</u>	<u>Certificate</u>
_____	_____	_____	_____
_____	_____	_____	_____

3. PROFESSIONAL (POSTGRADUATE QUALIFICATIONS)

Basic medical qualification(s)	Date Passed (dd/mm/yyyy)	Institution(s) of Award
_____	_____	_____
_____	_____	_____

Primary Examination(s)	Date Passed (dd/mm/yyyy)	Institution(s) of Award
_____	_____	_____
_____	_____	_____

Other Higher Degree(s)	Date Passed (dd/mm/yyyy)	Institution(s) of Award
_____	_____	_____
_____	_____	_____

4. MEMBERSHIP OF PROFESSIONAL ORGANISATIONS

<u>From</u>	<u>To</u>	<u>Organisation</u>	<u>Post Held/Membership Status</u>
_____	_____	_____	_____
_____	_____	_____	_____

5. REGISTRATION AS LEGALLY QUALIFIED MEDICAL PRACTITIONER

Country : _____ Year of Registration: _____

(C) WORKING EXPERIENCE

1. HOSPITAL POSTINGS (IN CHRONOLOGICAL ORDER, STARTING FROM POST-HOUSEMAN YEAR. FOR LOCAL CANDIDATES, to include national service postings and start of Basic Traineeship posting.)

i) Appointment: _____
From: _____ to _____
(dd/mm/yyyy) (dd/mm/yyyy)
Unit/Hospital: _____

No. of Beds: _____

Name of Head of Dept: _____

ii) Appointment: _____
From: _____ to _____
(dd/mm/yyyy) (dd/mm/yyyy)
Unit/Hospital: _____

No. of Beds: _____

Name of Head of Dept: _____

iii) Appointment: _____
From: _____ to _____
(dd/mm/yyyy) (dd/mm/yyyy)
Unit/Hospital: _____

No. of Beds: _____

Name of Head of Dept: _____

iv) Appointment: _____
From: _____ to _____
(dd/mm/yyyy) (dd/mm/yyyy)
Unit/Hospital: _____

No. of Beds: _____

Name of Head of Dept: _____

v) Appointment: _____
From: _____ to _____
(dd/mm/yyyy) (dd/mm/yyyy)
Unit/Hospital: _____

No. of Beds: _____

Name of Head of Dept: _____

vi) Appointment: _____
From: _____ to _____
(dd/mm/yyyy) (dd/mm/yyyy)
Unit/Hospital: _____

No. of Beds: _____

Name of Head of Dept: _____

vii) Appointment: _____
From: _____ to _____
(dd/mm/yyyy) (dd/mm/yyyy)
Unit/Hospital: _____

No. of Beds: _____

Name of Head of Dept: _____

viii) Appointment: _____
From: _____ to _____
(dd/mm/yyyy) (dd/mm/yyyy)
Unit/Hospital: _____

No. of Beds: _____

Name of Head of Dept: _____

2. OTHER NON-MEDICAL JOB(S) HELD

Please list, in chronological order (starting current job), the jobs you have held after obtaining your bachelor's degree. Attach separate sheet if necessary. **Note: For full-time NUS staff, please indicate staff no. and attach a copy of appointment letter**

From	To	Name & Location of Firm (indicate Department)	Title/Position	Nature of Work

3. NATIONAL SERVICE : Completed/Disrupted/Currently Serving/Exempted/Not applicable*

Please specify (expected) ORD, if applicable _____

(D) PREVIOUS APPLICATIONS

1. I am applying to sit this examination for the first time:

Yes No If no, please state the year of previous attempts: _____

2. Have you previously applied for admission or been admitted to any postgraduate coursework programme(s) or examination(s) at NUS?

Yes No If yes, please state programme applied for: _____

Year of application: _____ Outcome of application: Successful/Unsuccessful*

Date of Enrolment: From _____ to _____ Current Status: Graduated/Withdrawn/Failed/Student*

3. Are you applying for any other postgraduate coursework programme or examination at NUS for the coming session?

Yes No If yes, please state programme applying for: _____

(E) SOURCE OF FINANCE

1. Source of Finance : Company Sponsorship/Self-Support/Others* (Please specify _____)

* Please delete where not appropriate

(F) PARTICULARS OF NEXT-OF-KIN

1. FAMILY NAME _____ GIVEN NAME _____ (Mr/Mrs/Miss/Mdm) *

2. RELATIONSHIP _____ 3. OCCUPATION _____

4. TEL/PAGER NO _____ 5. EMAIL _____

6. HOME/PERMANENT ADDRESS _____

(G) DECLARATION

I affirm that all statements made by me on this form are correct. I understand that any inaccurate or false information (or omission of material information) will render this application invalid and that, if admitted on the basis on such information, I can be required to withdraw from the examination.

Signature of Applicant: _____

Date: _____

* Please delete where not appropriate

Please send your completed application form before the closing date to:
Eunice Chung
Division of Graduate Medical Studies, Yong Loo Lin School of Medicine,
National University of Singapore, MD5 Level 3, NUS, 12 Medical Drive, Singapore 117598
Tel : (65) 6516 3311/ 3300/ 7957 Fax : (65) 6773 1462

FOR OFFICIAL USE ONLY		
1.	FEE PAID	: S\$ _____
2.	CHEQUE/DRAFT NO.	: _____
4.	OFFICIAL RECEIPT NO:	: _____
5.	CHECKED BY	: _____

