

2009 M.Med. Family Medicine Examination Application

Application for:

- Full Exam     Written & Clinical     Oral & Clinical     Clinical

**Training Stream** (Please tick one):

- FM Basic Trainee (JCST BST programme)     Programme B Trainee

Start of Traineeship: \_\_\_\_\_ [MM/YYYY]

Year Enrolled: \_\_\_\_\_ [YYYY]

Recent  
Passport-  
sized Photo  
X 2

**(A) PERSONAL PARTICULARS**

1. FAMILY NAME \_\_\_\_\_ GIVEN NAME \_\_\_\_\_ (Dr/Mr/Mrs/Miss/Mdm) \*

NAME TO BE PRINTED ON DEGREE SCROLL \_\_\_\_\_

2. NRIC/PP/FIN NO \_\_\_\_\_ 3. DATE OF BIRTH \_\_\_\_\_ (dd/mm/yyyy)

4. TYPE OF NRIC : Singapore Pink/Singapore Blue/Malaysia Blue/Malaysia Pink/not applicable\*

5. HOME/PERMANENT ADDRESS

\_\_\_\_\_

\_\_\_\_\_

6. MAILING ADDRESS (if different from above)

\_\_\_\_\_

\_\_\_\_\_

7. TEL NO \_\_\_\_\_ 8. PAGER NO \_\_\_\_\_ 9. FAX NO \_\_\_\_\_

10. HANDPHONE NO \_\_\_\_\_ 11. EMAIL \_\_\_\_\_

12. RACE: Chinese/Malay/Indian/Others\* \_\_\_\_\_ (please specify) 13. SEX : Female/Male\*

14. MARITAL STATUS : Single/Married/Divorced/Widowed\*

15. 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 applicable

Block MD5, Level 3, 12 Medical Drive, Singapore 117598

Tel: (65) 6516 3300 Fax: (65) 6773 1462

Email: dgms@nus.edu.sg

Website: www.med.nus.edu.sg/dgms

Company Registration No: 200604346E

**16. CITIZENSHIP**

Singaporean	<input type="checkbox"/>	Singapore PR	<input type="checkbox"/>	Malaysian	<input type="checkbox"/>	Bruneian	<input type="checkbox"/>
Myanmese	<input type="checkbox"/>	Filipino	<input type="checkbox"/>	Indonesian	<input type="checkbox"/>	Thai	<input type="checkbox"/>
Laos	<input type="checkbox"/>	Vietnamese	<input type="checkbox"/>	Others	_____ (please specify)		

**(B) ACADEMIC QUALIFICATION**

**1. POST-SECONDARY EDUCATION**

From	To	Name and Location of Division	Certificate
_____	_____	_____	_____
_____	_____	_____	_____

**2. TERTIARY EDUCATION (UNDERGRADUATE)**

From	To	Name and Location of University	Certificate
_____	_____	_____	_____
_____	_____	_____	_____

**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**

From	To	Organisation	Post Held/Membership Status
_____	_____	_____	_____
_____	_____	_____	_____

**5. REGISTRATION AS LEGALLY QUALIFIED MEDICAL PRACTITIONER**

Country : \_\_\_\_\_ Year of Registration: \_\_\_\_\_ MCR No: \_\_\_\_\_

**6. BASIC CARDIAC LIFE SUPPORT**

I attended the BASIC CARDIAC LIFE SUPPORT COURSE conducted by \_\_\_\_\_ (hospital) from \_\_\_\_\_ (dd/mm/yy) to \_\_\_\_\_ (dd/mm/yy) and was certified in Cardiac Pulmonary Resuscitation on \_\_\_\_\_ (dd/mm/yy).

**(C) WORKING EXPERIENCE** *(Please attach separate sheets if space provided is insufficient)*

**1. HOSPITAL POSTINGS (IN CHRONOLOGICAL ORDER, STARTING FROM POST-HOUSEMAN YEAR.**

i)	Appointment: _____	ii)	Appointment: _____
	From: _____ to _____ (dd/mm/yyyy) (dd/mm/yyyy)		From: _____ to _____ (dd/mm/yyyy) (dd/mm/yyyy)
	Leave Taken: _____ days		Leave Taken: _____ days
	Unit/Hospital: _____		Unit/Hospital: _____
	_____		_____
	No. of Beds: _____		No. of Beds: _____
	_____		_____
	Name of Head of Dept: _____		Name of Head of Dept: _____

iii)	Appointment: _____	iv)	Appointment: _____
	From: _____ to _____ (dd/mm/yyyy) (dd/mm/yyyy)		From: _____ to _____ (dd/mm/yyyy) (dd/mm/yyyy)
	Leave Taken: _____ days		Leave Taken: _____ days
	Unit/Hospital: _____		Unit/Hospital: _____
	_____		_____
	No. of Beds: _____		No. of Beds: _____
	_____		_____
	Name of Head of Dept: _____		Name of Head of Dept: _____

v)	Appointment: _____	vi)	Appointment: _____
	From: _____ to _____ (dd/mm/yyyy) (dd/mm/yyyy)		From: _____ to _____ (dd/mm/yyyy) (dd/mm/yyyy)
	Leave Taken: _____ days		Leave Taken: _____ days
	Unit/Hospital: _____		Unit/Hospital: _____
	_____		_____
	No. of Beds: _____		No. of Beds: _____
	_____		_____
	Name of Head of Dept: _____		Name of Head of Dept: _____

vii) Appointment: _____ From: _____ to _____ (dd/mm/yyyy) (dd/mm/yyyy) Leave Taken: _____ days Unit/Hospital: _____ _____ No. of Beds: _____ _____ Name of Head of Dept: _____	viii) Appointment: _____ From: _____ to _____ (dd/mm/yyyy) (dd/mm/yyyy) Leave Taken: _____ days Unit/Hospital: _____ _____ No. of Beds: _____ _____ Name of Head of Dept: _____
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**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 \_\_\_\_\_)

*Note: Please attach documentary evidence of financial support, eg. letter from sponsor.*

**(F) FMTP MODULAR COURSE (conducted by College of Family Physicians) / GDFM**

I completed the FMTP Modular Course on \_\_\_\_\_ [MM/YYYY].

I completed the GDFM Course on \_\_\_\_\_ [MM/YYYY].

**(G) PARTICULARS OF NEXT-OF-KIN**

1. FAMILY NAME \_\_\_\_\_ GIVEN NAME \_\_\_\_\_  
(Dr / Mr / Mrs / Miss / Mdm) \*

2. RELATIONSHIP \_\_\_\_\_ 3. OCCUPATION \_\_\_\_\_

4. TEL/MOBILE NO \_\_\_\_\_ 5. EMAIL \_\_\_\_\_

6. HOME/PERMANENT ADDRESS  
\_\_\_\_\_  
\_\_\_\_\_

**(H) 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 University.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Please send completed application form together with payment, before closing date (21 August 2009), to:

*Miss Fiona Wong / Ms Sithira Devi  
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) 65163302 / 3306 Fax : (65) 6773 1462*

**FOR OFFICIAL USE ONLY**

1.	FEE PAID	:	SS _____
2.	CHEQUE/DRAFT NO.	:	_____
3.	ACKNOWLEDGEMENT DATE	:	_____
4.	OFFICIAL RECEIPT NO:	:	_____
5.	CHECKED BY	:	_____

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**GENERAL (For all applicants)**

1. Application must be completed with 2 recent passport-sized photographs attached and returned to *Manager, Division of Graduate Medical Studies, Yong Loo Lin School of Medicine, National University of Singapore, MD5 Level 3, 12 Medical Drive, Singapore 117598* by the closing date of application.
2. The completed application should be **written clearly in block letters or type-written**. It should be submitted with the supporting documents listed below:
  - i) 2 recent Passport-sized photographs
  - ii) Completed MMed (FM) Examination application form
  - iii) MMed (FM) training logbook
  - iv) Examination fee (inclusive of a non-refundable \$40) application fee and 7% GST
3. Please note that payment for the above fees is to be made in the form of either cash or a crossed cheque (in Singapore dollars), payable to "National University of Singapore".
4. Notice of withdrawal from the examination must be given in writing to DGMS. A refund, less registration fee, will be made if written notice of withdrawal is received by DGMS at least **1 month (16 October 2009)** before the examination commences. **Original receipt** for fee paid must be submitted together with the withdrawal notification.

**Logbooks, duly completed and certified, should be submitted to DGMS by the closing date of application for the examination .**