



**M.MED (O&G) EXAMINATION
APPLICATION FOR IN-HOSPITAL CLINICAL TRAINING MODULE (IHCTM)
MODULE 2: DIAGNOSTIC ULTRASOUND**

| | | |
|---|--|----------------|
| Name of Applicant: (Please underline last name) | Pager/Handphone: | E-mail: |
| Mailing Address: | | |
| Current Posting (Please specify unit/hospital): | *Preferred dates (Please state month and year): | |
| Signature of Applicant: | Date of Application: | |

VERIFICATION OF TRAINING

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|---|---|
| Name of Training Supervisor | Designation of Training Supervisor |
| Signature of Training Supervisor | The above applicant has satisfactorily completed a minimum of 12 months training in O&G from _____ to _____. (dd-mm-yy) (dd-mm-yy) |

** Please note that Applicant's preferred dates shall be subject to the availability of both the Coordinator and Assessor.*

FEES

IHCTM - S\$110 per module.

Cheques/Bank draft in Singapore dollars should be made payable to the 'National University of Singapore'.

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For Official Use Only

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|-----------------------------|--|
| Cheque/Draft No: | Receipt No: |
| Receipt Issued Date: | Name and Signature of Receipt Issuer: |

Please enclose payment with the completed form and send them to:
Attention: Ms Siti Rohaini/Ms Li Ruoyi, Janice
Division of Graduate Medical Studies, Yong Loo Lin School of Medicine, National University of Singapore,
Block MD5, Level 3, 12 Medical Drive, Singapore 117598
Telephone (65) 6516 4527/ 4915 Fax (65) 67731462
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