

2009 Primary M.Med (Ophthalmology) Examination – Refraction Assessment

15 August 2009 (Saturday)

12 September 2009 (Saturday)

Passport-
sized Photo
X 2

EXAMINATION APPLICATION FORM

(A) PERSONAL PARTICULARS

1. **NAME (Underline family or surname)** _____
(Dr / 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. **MOBILE PHONE NO** _____ 12. **EMAIL** _____

13. **RACE: Chinese / Malay / Indian / Others*** _____ (please specify)

14. **GENDER : 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 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

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: _____	ii)	Appointment: _____
	From: _____ to _____ (dd/mm/yyyy) (dd/mm/yyyy)		From: _____ to _____ (dd/mm/yyyy) (dd/mm/yyyy)
	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)
	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)
	Unit/Hospital: _____		Unit/Hospital: _____
	_____		_____
	No. of Beds: _____		No. of Beds: _____
	_____		_____
	Name of Head of Dept: _____		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
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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, pay slip, appointment letter or bank statement

* Please delete where not applicable

(F) PARTICULARS OF NEXT-OF-KIN

1. FAMILY NAME _____ GIVEN NAME _____
(Dr / Mr / Mrs / Miss / Mdm) *
2. RELATIONSHIP _____ 3. OCCUPATION _____
4. CONTACT 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 applicable

Please send completed application form together with payment, before closing date 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) 6516 3302 / 3306 Fax : (65) 6773 1462

FOR OFFICIAL USE ONLY

- | | | | |
|----|----------------------|---|-----------|
| 1. | FEE PAID | : | S\$ _____ |
| 2. | CHEQUE/DRAFT NO. | : | _____ |
| 3. | ACKNOWLEDGEMENT DATE | : | _____ |
| 4. | OFFICIAL RECEIPT NO: | : | _____ |
| 5. | CHECKED BY | : | _____ |

GENERAL (For all applicants)

1. Application must be completed with 2 recent passport-sized photographs attached and returned by the closing date of application for the examination 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, 12 Medical Drive
Singapore 117598.**

2. The completed application should be **written clearly in block letters or type-written**. It should be returned with copies of the supporting documents listed below:
 - i) 2 passport-sized photographs
 - ii) Certified true copy of basic medical degree certificate
 - iii) Certification of successful completion of FRCSEd Part 1 and Part 2
 - iv) Examination and application fees (Total of \$300.00)
 - v) Completed Primary MMed (Ophthal) application form

Certified true copies of the relevant documents on application for admission to the examination must be submitted. Original documents should not be submitted with the application but must be produced for verification upon request. Documents submitted in support of the application are not returnable. DGMS may request for referees' testimonial on a case by case basis.

Applicants who fail to present their original documents for verification without acceptable reasons will be deemed to have withdrawn from the examination. Applicants whose original documents have been damaged or misplaced must apply to the relevant organisations/authorities for replacements. Certified copies of the original documents are not acceptable for purpose of verification.

3. Please note that payment for the above fees may be made in the form of cash or a crossed cheque / bank draft (in Singapore dollars), payable to "National University of Singapore".
4. Notice of withdrawal from the examination must be given in writing to DGMS at least 2 weeks before the examination. A refund, less registration fee, will be made if written notice of withdrawal is received by DGMS at the stipulated deadline. **Original receipt** for fee paid must be submitted together with the withdrawal notification.

FOREIGN APPLICANTS

Any document which is not in ENGLISH must be accompanied by certified copies of the English translation of the document.