



MEDICAL SERVICES ACT

1996

PRESCRIBED FORM

(section 15, 20, 25,)

- 1. Name of applicant:.....
- 2. (a). Date of birth (b). Sex
- 3. Current address:.....
.....
- 4. Name of university attended
- 5. Specialty:
- 6. Provide names of at least two latest hospitals you have been working at:
 - 1.
 - 2.
- 7. Subject to the Medical Council discretion, the applicant must provide the following:- (tick)
 - 1. front page (biodata) of valid passport or recent photo
 - 2. copy of your diploma, degree and other formal qualifications
 - 3. copy of your current license/medical identification card/registration
 - 4. letter of good standing (reference)
 - 5. police clearance (not more than 6 month old)
 - 6. work permit (if foreigner)
 - 7. other document that the Medical Council deem necessary

I declare that the above informations are true to the best of my knowledge.

.....
signature

8. For Official use only:/...../.....

..... Chairperson
