APPLICATION FORM FOR ADVANCE DERMATOLOGY FELLOWSHIP PROGRAMME

Name :	
(Use BLOCK LETTERS and underline Surnam	ne)
Address:	
Tel No :	Fax No :
Passport No :	Gender (Sex) :
Date of Birth :	Country of Birth :
Citizenship:	Marital Status :
Email (please print) :	
Tertiary Education : (Name of university in dates, type of qualification & year attained). verification from the university/colleges on all of the date of the d	n chronological order. To include commencement & completion To attach transcript of examination results and attach letters of qualifications obtained.
Housemanship/Internship: (To include the hospital/clinic and country). To attach docume	type of discipline, commencement & completion dates, name of entary proof of housemanship.
Postgraduate Qualification: (to include to and year attained). To attach letter of verifications	ype of award, field of specialty, name of university/academic body ion on all qualifications obtained.
	egical order. To indicate date of joining, date of completion, position tach Certificate of Service on all postgraduate working experience city.
Medical Defence Coverage: (To state if ye coverage. If yes, to ensure that it includes coapplied in Singapore).	ou are covered by a valid International Medical Defence Insurance overage in Singapore. Otherwise, appropriate coverage may be
Medical Registration: (To state details e.g registration certificate with your respective methree years.	g. date of registratopm/approval). To attach the copy of dical licensing authority where you have practised during the pas
Letter of Good Standing (Testimonial): (To attach current Certificate of Good Standing	To attach valid testimonials from your present hospital/organisation) issued by your Medical Licensing Authority.

SUPPORTIVE DOCUMENTS

To enclose all supportive documents in photocopies only. Do not send any originals which are required for shortlisted candidates upon commencement.