

APPLICATION FORM FOR DERMATOLOGY OBSERVATIONAL ATTACHMENT

Name : _____
(Use BLOCK LETTERS and underline Surname)

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 chronological order. To include commencement & completion dates, type of qualification & year attained). To attach transcript of examination results and attach letters of verification from the university/colleges on all qualifications obtained.

Housemanship/Internship : (To include type of discipline, commencement & completion dates, name of hospital/clinic and country). To attach documentary proof of housemanship.

Postgraduate Qualification : (to include type of award, field of specialty, name of university/academic body and year attained). To attach letter of verification on all qualifications obtained.

Working Experience : (To state in chronological order. To indicate date of joining, date of completion, position held, department, hospital and country). To attach Certificate of Service on all postgraduate working experience for the last 2 years.

Medical Defence Coverage : (To state if you are covered by a valid International Medical Defence Insurance coverage.

Medical Registration : (To state details e.g. date of registration/approval). To attach the copy of registration certificate with your respective medical licensing authority where you have practised during the past three years.

Letter of Good Standing (Testimonial) : (To attach valid testimonials from your present hospital/organisation). To attach current Certificate of Good Standing 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.