



**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: ...../...../.....

..... <b>Chairperson</b>
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