



**M.MED (O&G) EXAMINATION
APPLICATION FOR IN-HOSPITAL CLINICAL TRAINING MODULE (IHCTM)
MODULE 1: CONSULTATION SKILLS**

Name of Applicant: (Please underline last name)	Pager/Handphone:	E-mail:
Mailing Address:		
Current Posting (Please specify unit/hospital):	*Preferred dates (Please state month and year):	
Signature of Applicant:	Date of Application:	

VERIFICATION OF TRAINING

Name of Training Supervisor	Designation of Training Supervisor
Signature of Training Supervisor	The above applicant has satisfactorily completed a minimum of 12 months training in O&G from _____ to _____. (dd-mm-yy) (dd-mm-yy)

* Please note that Applicant's preferred dates shall be subject to the availability of both the Coordinator and Assessor.

FEES

IHCTM - S\$110 per module.

Cheques/Bank draft in Singapore dollars should be made payable to the 'National University of Singapore'.

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For Official Use Only

Cheque/Draft No:	Receipt No:
Receipt Issued Date:	Name and Signature of Receipt Issuer:

Please enclose payment with the completed form and send them to:
Attention: Ms Siti Rohaini/Ms Li Ruoyi, Janice
Division of Graduate Medical Studies, Yong Loo Lin School of Medicine, National University of Singapore,
Block MD5, Level 3, 12 Medical Drive, Singapore 117598
Telephone (65) 6516 4527/ 4915 Fax (65) 67731462
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