APPLICATION FORM FOR
MASTER OF MEDICINE (PSYCHIATRY) EXAMINATION
(23 to 28 June 2016)

Application Closing Date: Monday, 18 January 2016, 12 noon

1. **PERSONAL PARTICULARS** (Please use CAPITAL LETTERS for this section)

   **Full Name:**
   (as per NRIC/Passport)  
   (Please underline surname or family name)

   **Home/Permanent Address:**

   **Mailing address:**
   (if different from the above)

   **NRIC/Passport No.:**  
   **FIN No.:**

   **Date of Birth:**

   **Gender:**  
   Male/Female*

   **Marital Status:**
   Single/Married/Divorced/Widowed*  
   **Race:**  
   Chinese/Malay/Indian/Others*

   **Citizenship:**

   **Place of Birth:**

   **Email Address:**

   **Nationality:**

   **Home Tel No.:**

   **Handphone No.:**

   **Particulars of Next-of-Kin:**
   (Name)

   (Relationship to applicant)

   (Address if different from above)

2. **ACADEMIC QUALIFICATIONS**

   **Tertiary Education:**

<table>
<thead>
<tr>
<th>Name of University</th>
<th>Certificate From (dd/mm/yyyy)</th>
<th>To (dd/mm/yyyy)</th>
<th>Date Passed (dd/mm/yyyy)</th>
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</table>

   **Postgraduate Medical Qualifications:**

<table>
<thead>
<tr>
<th>Institution of Award</th>
<th>Name of Exam From (dd/mm/yyyy)</th>
<th>To (dd/mm/yyyy)</th>
<th>Date Passed (dd/mm/yyyy)</th>
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</thead>
</table>

   | Institution of Award | Name of Exam From (dd/mm/yyyy) | To (dd/mm/yyyy) | Date Passed (dd/mm/yyyy) |

* Please delete where not applicable.
Membership of Professional Organisations:

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Post Held / Membership Status</th>
<th>From (dd/mm/yy)</th>
<th>To (dd/mm/yy)</th>
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Registration as Qualified Medical Practitioner:

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<tr>
<th>Year of Registration</th>
<th>Country</th>
<th>MCR Number</th>
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Current Employment:

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<tr>
<th>Designation</th>
<th>Department</th>
<th>Hospital</th>
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3. **HOSPITAL POSTINGS**

In chronological order, starting from Houseman/Internship Year. **LOCAL CANDIDATES** should include national service postings & start of Traineeship / Residency postings.

i) Appointment

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<thead>
<tr>
<th>From (dd/mm/yy)</th>
<th>To (dd/mm/yy)</th>
<th>Unit/Hospital</th>
<th>No. of Beds</th>
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ii) Appointment

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* Please delete where not applicable.
4. **OTHER NON-MEDICAL JOB(S) HELD**

Please list, in chronological order, the jobs you have held after obtaining your bachelor’s degree. Attach a separate sheet if necessary. **Note: For full-Time NUS staff, please indicate staff no. and attach a copy of appointment letter.**

i) ____________

<table>
<thead>
<tr>
<th></th>
<th>From (dd/mm/yy)</th>
<th>To (dd/mm/yy)</th>
<th>Name of Company/Department</th>
<th>Nature of Work</th>
</tr>
</thead>
</table>

ii) ____________

iii) ____________

5. **ENGLISH LANGUAGE PROFICIENCY**

Spoken: Excellent/Good/Fair/Poor*  
Written: Excellent/Good/Fair/Poor*

6. **PREVIOUS APPLICATIONS**

i) I am applying to sit this examination for the first time:

☐ Yes  ☐ No  
If no, please state the year of previous attempts: ___________________________

ii) Have you previously applied for admission or been admitted to any postgraduate coursework programme(s) or examination(s) at NUS?

☐ Yes  ☐ No  
If yes, please state programme applied for: ___________________________

Year of application: __________________________  
Outcome of application: Successful/Unsuccessful*

Date of enrolment: From __________________________ to __________________________

Current Status: Graduated/Withdrawn/Failed/Current Student*

iii) Are you applying for, have applied or enrolled in any other postgraduate coursework programme or examination at NUS?

☐ Yes  ☐ No  
If yes, please state details of the programme(s): __________________________

7. **NATIONAL SERVICE**

Completed / Disrupted / Currently Serving / Exempted / Not Applicable *

Please specify (expected ORD), if applicable

8. **SOURCE OF FINANCE**

Employer Sponsorship / Self-Support / Others* (Please specify) __________________________

Note: Please attach documentary evidence of employer sponsorship.

* Please delete where not applicable.
9. **PAYMENT DETAILS**

Mode of payment: ☐ Cheque ☐ Bank draft ☐ Credit/Debit card

(Tick as appropriate)

**For Cheque/Bank draft payment:**

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<tr>
<th>No.</th>
<th>Description</th>
<th>Cheque/Bank draft No.</th>
<th>Amount (SGD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Application fee:</td>
<td></td>
<td>$40.00</td>
</tr>
<tr>
<td>2</td>
<td>Examination fee:</td>
<td></td>
<td>$4,111.00</td>
</tr>
</tbody>
</table>

Note: Cheques/Bank drafts should be made payable to the "National University of Singapore" and indicate your name on the back of the cheques/bank drafts.

**For Credit/Debit card payment:**

Note: DBS/POSB Credit/Debit Card would be preferred.

Cardholder Name: (Please write in CAPITAL LETTERS)

Authorized amount to be withdrawn (SGD):

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</tr>
</tbody>
</table>

Credit/Debit Card Type: (Tick as appropriate) ☐ Visa ☐ MasterCard

Card Number: ___________ - ___________ - ___________ - ___________

Expiry date: ___________ / ___________

Last three-digit security number: ___________

(found on the reverse side of your card)

Signature of cardholder: ________________________________

10. **DECLARATION**

I affirm that all statements made by me on this form are correct. I understand that any inaccurate or false information (or omission of material information) will render this application invalid and that, if admitted on the basis of such information, I can be required to withdraw from the examination.

_________________________________________ __________________________
Signature of Applicant Date

Please send completed application form together with payment, before closing date, to
Ms Aurelia Tan
Division of Graduate Medical Studies, Yong Loo Lin School of Medicine
National University of Singapore, Block MD3 Level 2, 16 Medical Drive
Singapore 117597, Tel: (65) 6601 1498 / (65) 6516 3300
Email: aurelia_tan@nuhs.edu.sg
Website: www.med.nus.edu.sg/dgms

**For Official Use Only**

<table>
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<tr>
<th>Cheques/ Drafts No. &amp; Amount:</th>
<th>Receipt No.:</th>
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</thead>
<tbody>
<tr>
<td>Cheques/ Drafts Received on:</td>
<td>Receipt Issued on:</td>
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<tr>
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1. The National University of Singapore ("NUS") manages and administers undergraduate and graduate courses in NUS, including processing applications for the admission of candidates to NUS ("Admission"). To manage and administer the undergraduate and graduate courses in NUS, including the applications for Admission, NUS will necessary need to collect, use, disclose and/or process certain personal data or personal information about the individual that has submitted an application for Admission (the "Applicant").

2. Such personal data will be collected, used, disclosed and/or processed by NUS for the purpose(s) of:
   a) Processing the Applicant’s interest in and application(s) for Admission;
   b) Administering and/or managing the Applicant’s application(s) for Admission and Enrolment;
   c) Making of any offer(s) of acceptance to courses in NUS;
   d) Administering and/or managing the Applicant’s relationship with NUS (including the mailing of correspondence, statements or notices to the Applicant, which could involve the disclosure of certain personal data about the Applicant to bring about delivery of the same, as well as on the external cover of envelopes/mail packages);
   e) Carrying out due diligence or other screening activities (including background checks) in accordance with legal or regulatory obligations or risk management procedures that may be required by law or that may have been put in place by NUS, including the obtaining of references and/or other information about the Applicant from the Applicants’ previous education institute(s);
   f) Responding to any enquiries by the Applicant;
   g) Processing the Applicant’s application(s) for scholarships and/or financial aid as part of the Admission process, and if successful, administering and/or managing the Applicant’s scholarship and/or financial aid programmes, which may include use of personal data for direct marketing purposes for development and fund raising activities and disclosure of personal data to donors and/or external organisations for purposes of events invitations, surveys and/or publicity of NUS’ financial aid programmes;
   h) Investigating fraud, misconduct, any unlawful action or omission relating to the Applicant's application for Admission, and whether or not there is any suspicions of the aforementioned;
i) Responding to requests for information from public agencies, ministries, statutory boards or other similar authorities (including but not limited to the Ministry of Defence, Ministry of Education and Ministry of Health) from time to time;

j) Carrying out market related or similar research and analysis for NUS’ operational strategy and policy planning purposes;

k) If consented to by the Applicant in the registration form and/or other methods of consent notification, sending the Applicant marketing, advertising and promotional information, including materials and information on undergraduate and graduate courses in NUS, residential options and general student-related activities within NUS, as well as related talks, seminars and/or events via postal mail, electronic mail, SMS or MMS, fax and/or voice calls; and

3. Such personal data of the Applicant will/may be disclosed by NUS to third party service providers or agents (whether in Singapore or elsewhere in the world where such service providers are sited) for one or more of the above Purposes, as such third party service providers or agents, if engaged by NUS, would be processing the Applicants’ personal data for NUS, for one or more of the above Purposes.

4. By completing this form, the Applicant:
   a) Consents to NUS collecting, using, disclosing and/or processing the Applicant’s personal data for the Purposes as described above; and
   b) Consents to NUS transferring the Applicant’s personal data out of Singapore to NUS’s third party service providers or agents for the Purposes as described above.

5. If the Applicant has any questions relating to NUS’s collection, use and disclosure of the Applicant’s personal data, the Applicant may contact the Data Protection Officer at dpo@nus.edu.sg or call 6776 2835 or such other person as NUS may designate, from time to time, whether by informing the Applicant through letter, circular, notice or email.

6. For the avoidance of doubt, in the event that Singapore personal data protection law permits an organization such as NUS to collect, use or disclose the Applicant’s personal data without the Applicant’s consent, such permission granted by the law shall continue to apply.

7. I confirm that a copy of this document has been provided to me and I had the opportunity to carefully read and fully understand the contents prior to signing. I hereby give my consent as set out above as well as consent to NUS collecting, using, disclosing, processing and/or transferring out of Singapore, my personal data for one or more of the purposes described in this document.

Name: ____________________________________________

NRIC/Passport No: ____________________________________________

Signature: ____________________________________________

Date: ____________________________________________