

AUGUST 2024 MASTER OF MEDICINE (ANAESTHESIOLOGY) PART A EXAMINATION Self-Declaration Form

Please fill up this form for **Anaesthesia posting only** (*exclude* House Officer's posting).

Name: _____ ***NRIC / Passport Number:** _____
(as per *NRIC/Passport) (last 4 characters)

I am currently ***a resident / not a resident** of ***SingHealth / NHG / NUHS** Anaesthesiology Residency Programme.

My current workplace is _____ hospital.

I will update the Division of Graduate Medical Studies, NUS **IMMEDIATELY** if there is any change to my residency status, Anaesthesiology postings, or workplace.

S/N	Appointment	From (dd/mm/yy)	To (dd/mm/yy)	Unit/Hospital	Name of Dept Head
1.					
2.					
3.					
4.					
5.					

I confirm that all information given by me on this form is 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 or I will be liable for disciplinary action which may result in being disqualified from the examination.

Signature of Applicant

Date

*Please delete where not applicable.