

Hospital Letterhead

Date

To Master of Medicine (Orthopaedic Surgery) Committee

This letter is to certify that Dr <FULL NAME AS PER NRIC/PASSPORT> <SMC Registration Number XXXXXXX> is working/has worked at the Department of Orthopaedic Surgery at <NAME OF HOSPITAL> from <Date> to <Date>/ current. Dr <SURNAME> has completed at least 36 months of post-internship Orthopaedic posting of which at least 12 months were in Singapore public hospital(s) on <DATE OF COMPLETION OF REQUIRED POSTINGS>.

The list of postings is appended for perusal.

Thank you.

Yours sincerely,

HOD's signature

Name, stamp & MCR No

Hospital Letterhead

Dr <FULL NAME AS PER NRIC/PASSPORT> <SMC Registration Number XXXXXXX> has completed the following post-internship* Orthopedic postings.

**Only MO postings and above are acceptable.*

| Dates | Department/ Hospital - Country | Training Post | Duration (months) |
|--------------------------------------|-------------------------------------|---------------|-------------------|
| <i>e.g., 1 Jan 2023 – 1 Jul 2023</i> | <i>Orthopedics/ NUH - Singapore</i> | <i>MO</i> | <i>6</i> |
| | | | |
| | | | |
| | | | |

Thank you.

Yours sincerely,

HOD's signature
Name, stamp & MCR No