

## Master of Medicine (Anaesthesiology) Part B Examination April 2024 Self-Declaration Form

Name :\_\_\_\_\_\_ (as per \*NRIC/Passport)

NRIC / Passport Number : \_

(last 4 characters)

I am currently **a resident** of Anaesthesiology Residency Programme and I would have completed 32 months of Anaesthesiology postings at the point of the examination.

My current workplace is \_\_\_\_\_\_ hospital.

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

I confirm 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 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