

**Joint MMed (Internal Medicine) / MRCP(UK) PACES Examination
Endorsement Form**

Application Diet / Year: ☐ March ☐ June/July ☐ October **Year:** 20____

Applicant Details

Full Name (*as per NRIC*): _____

RCP Number: _____

Residency Year *at the point of exam:* ☐ R3 and above ☐ R2 ☐ R1

Sponsoring Institution: ☐ NHG ☐ NUHS ☐ SHS

Declaration

I confirm that the above-named applicant is a Resident under my programme and/or supervision and that I am aware of the applicant's submission for the **Joint MMed (Internal Medicine) / MRCP(UK) PACES Examination** for the stated application diet/year.

This endorsement serves to confirm programme awareness and support only. This submission **does not guarantee allocation of an examination slot**. We acknowledge that application outcomes and prioritisation are determined in accordance with prevailing policies, subject to eligibility requirements and complete submission within stipulated timelines.

Endorsement

Name: _____

Designation:

☐ Programme Director ☐ Associate Programme Director
☐ Core Faculty Supervisor ☐ Others: _____

Sponsoring Institution: ☐ NHG ☐ NUHS ☐ SHS

Signature: _____ **Date:** _____