

**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:** _____