

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

**Application Diet / Year:**  March  June/July  October **Year:** 20\_\_\_\_\_

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**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

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**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, including **first-come, first-served principles**, subject to eligibility requirements and complete submission within stipulated timelines.

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**Endorsement**

**Name:** \_\_\_\_\_

**Designation:**

Programme Director  Associate Programme Director  
 Core Faculty Supervisor  Others: \_\_\_\_\_

**Sponsoring Institution:**  NHG  NUHS  SHS

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_