

**Primary MMed (Surgery) / MHKICBSC Part 3 Examination
Endorsement Form**

Application Diet / Year: August 2026

Applicant Details

Full Name (as per NRIC): _____

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:

- i. a Resident under my programme,
- ii. has completed at least six months of residency training and/or supervision at point of application,
- iii. and that I am aware of the applicant's submission for the **Primary MMed (Surgery) / MHKICBSC Part 3 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 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

Sponsoring Institution: NHG NUHS SHS

Signature: _____ **Date:** _____