

# Application Form for DDI Fellowship Program

## Part A : NUH Attachment Information

Specialty / Training Department\*

Subspecialty\*

Name of Funding / Sponsorship\*

Self-Funded  Others  (pls specify): \_\_\_\_\_

Type of Fellowship: Clinical Fellow

Duration\*

6 months  12 months  Others (pls specify): \_\_\_\_\_

Application Date

Preferred Start Date

Training Objectives\*

Note: Please specify your training objectives, highlighting information such as the subspecialty & skills/ techniques/ procedures that you wish to learn in this attachment and the result you hope to achieve from this attachment. (Please write between 150-250 words).

(a) Subspecialty:

(b) Skills/Techniques/Procedures:

(c) Reasons for applications:

## Part B : Personal Particulars

Full Name as in Passport/Identity Card (underline Family Name)\*

Marital Status\*

Gender\*

Male  Female

Date of Birth\*

Photo

Passport No.\*

Age

Nationality\*

Country of Residence\*

Spouse Full Name as in Passport/Identity Card (underline Family Name)

## Part C : Contact Information

Note: Please note that most correspondence will be conducted through this email address, except mailing of hardcopy documents.

E-mail Address\*

Home Address\*

Corresponding Address

Mobile No.

Fax No.

## Part D : Education/ Medical Qualification

### Section 1: Basic Medical Degree Listing (MBBS equivalent):-

(Max. 2 & Min. 1 record is compulsory)

**Qualification Attained\***

**Institution Name\***

*Note: Please state of institution which conferred degree.*

**Country\***

**Period of Study\***

**From**  mm/yy **to**  mm/yy

**Date of Conferment**

mm/yy

*Note: Please state conferment date as shown on graduation certificate.*

### Section 2: Postgraduate Medical Degree / Other Degrees / Fellowship (Master of Medicine equivalent):-

(Max. 2 & Min. 1 record is compulsory for DDI Clinical Fellowship)

**Qualification Attained\***

**Institution Name\***

*Note: Please state of institution which conferred degree.*

**Country\***

**Period of Study\***

**From**  mm/yy **to**  mm/yy

**Date of Conferment\***

mm/yy

*Note: Please state conferment date as shown on graduation certificate.*

## Part E : Clinical Experience

### Section 1: Houseman / Internship Postings (After completion of basic medical degree)

(Max. 3 records min. 1 record is compulsory)

Houseman Posting Period\* From  mm/yy to  mm/yy

Houseman Posting Specialties / Departments\*

Houseman Posting Hospital / Institution\*

Houseman Posting Country\*

---

### Section 2: Other Residency / Postgraduate Appointments (between Houseman / Internship postings and the current position)

(Max. 3 records min. 1 record is compulsory)

*Note: Please list all post-housemanship postings, except your current position. As only a maximum of 3 records are allowed, please list in reverse chronological order (the latest position first) the positions most relevant to your specialty / sub-specialty.*

Posting Period\* From  mm/yy to  mm/yy

Posting Specialties / Departments\*

Hospital / Institution\*

Country\*

---

### Section 3: Current Position

Current Position Period\* From  mm/yy to  mm/yy

Are you still currently employed in this organization? Yes  No

Current Position Specialty / Department\*

Current Position Job title\*

## Part F : Clinical Experience

### Current Position Description\*

### Current Position Hospital / Institution Name\*

Public / Govt

Private / Others

### Current Position Hospital / Institution Address\*

### Current Position Country\*

## Part G : Other Information

### Professional Memberships

*(Note: Please attach in a separate sheet if you have more than 1 record listed. Please list in the following format order as shown in the indicated box).*

Date of joining:

  

Name of Society/ Organisation:

  

Post held/ Membership status:

### Publications

*(Note: Please attach in a separate sheet if you have more than 1 record listed. Please list in the following format order as shown in the indicated box).*

Date of publication:

  

Journal:

  

Title:

  

Co-authors:

### English Proficiency

Medium of Instruction (at tertiary level)\*

English

Others

**Part H : Other Information** (Min. 1 record, maxi. 2 records)

**References (Details of Professional Referees)**

Name of Referee 1\*

Job Position of Referee 1\*

Institution Name and Address of Referee 1\*

Email Address & contact no. of Referee 1\*

Name of Referee 2\*

Job Position of Referee 2\*

Institution Name and Address of Referee 2\*

Email Address & contact no. of Referee 2\*

Professional Interest, Achievements and Plans for Future

**Future employment**

Have you confirmed a clinical/ teaching position with an institution in your country upon completion of the training program in Singapore?

Yes  No

**Declaration**

**Previous application\***

Have you applied for any Fellowship program in NUH before? Yes  No

**Confirm Declaration\***

I declare that the particulars in this application are true, accurate and complete to the best of my knowledge and belief, and I have not willfully suppressed any material fact. Any misrepresentation or omission of information will be grounds for withdrawal of fellowship application or for dismissal.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Official endorsement of Applicant's Institution is required. Please stamp within this box.

Name of endorsing Head of Department:  
Contact Number:  
Email address: