

VISITING SCHOLAR / ATTACHMENT/INTERNSHIP Declaration Form
DEPARTMENT OF PHARMACOLOGY, YONG LOO LIN SCHOOL OF MEDICINE
1. NOTIFICATION
To: Head, Department of Pharmacology
I would like to accept the following Visiting Scholar or Attachment/Internship Student to do a project in my laboratory for the time period as indicated below.

PI: Name / Signature

Notification Date
2. PERSONAL PARTICULARS OF VISITING SCHOLAR / ATTACHMENT/INTERN

Full Name as in Passport/Identity Card (<u>underline Family Name</u>):			
Home/Postal Address:		<input type="checkbox"/> Singapore Citizen	NRIC
		<input type="checkbox"/> Singapore Permanent Resident (SPR) (<i>Attach a copy of Entry Permit</i>)	(pl attach a copy NRIC)
Contact Nos.		<input type="checkbox"/> Non-Singapore Citizen and Non-SPR	
Handphone:	Home:		
Office:	Fax:	Passport No.:	
Email:		Place of issue:	
Ethnic group:		Date of issue:	Date of expiry:
Gender: Male/Female*			
NEXT OF KIN FOR CONTACT:			
NAME:	TEL:	ADDRESS:	

3. PROJECT TITLE & DETAILS :

PERIOD OF ATTACHMENT	START DATE:	END DATE: