



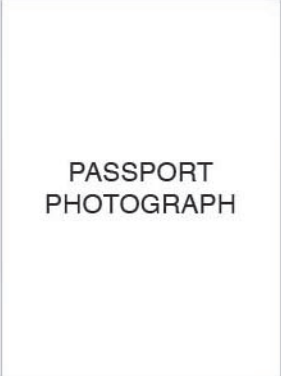
Malaysian Universities Conjoint Board Of Orthopaedic Surgery

ID Number
(for office use only)

BASIC SCIENCES EXAMINATION (ORTHOPAEDIC SURGERY)

3RD - 4TH APRIL 2013

**UNIVERSITI KEBANGSAAN MALAYSIA
CHERAS, KUALA LUMPUR**



SECRETARIAT

COLLEGE OF SURGEONS, AMM

G-1 Medical Academies of Malaysia

210 Jalan Tun Razak, 50400 Kuala Lumpur, Malaysia

EMAIL: acadmed@po.jaring.my **WEBSITE:** www.acadmed.org.my

The examination fee and all relevant information must be included with the application.

Name _____

(CAPITAL LETTERS. Please state name exactly as it appears on your medical degree certificate)

Gender Female Male

Address *(For examination notices & results / correspondence)* _____

Post Code _____ Nationality _____

Telephone Number *(Office)* _____ *(House)* _____

Mobile _____ Fax _____

Email _____

I/C *(New)* _____ *(Old)* _____

Passport No. *(for Foreign Candidate)* _____

Signature _____ Date _____

ACADEMIC RECORD

Basic medical qualification

Date conferred

(Please send a certified true copy)

(dd / mm / yy)

Qualifying University / Medical School

Country

MMC Registration Number *(if available)* _____ Full Temporary *(Tick as appropriate)*

Medical Council Number of respective countries *(for Foreign Candidate)* _____

CONSULTANT CERTIFICATION

I certify that this is a true and recent likeness of the candidate.

Name of Consultant

(CAPITAL LETTERS)

Signature of Consultant

Hospital stamp of certifying consultant

EXAMINATION AND COURSE FEES

The Basic Sciences Examination (Orthopaedic Surgery) Fee

RM 800.00

METHOD OF PAYMENT

Payment must be made in full by Bank Draft Cheque

Cheque or Bank Draft to be issued in favour of the **COLLEGE OF SURGEONS OF MALAYSIA**. Please print your name on back of cheque.

Cheque / Bank Draft Number
