



College of Surgeons,  
Academy of Medicine of Malaysia



Ministry of Health  
Malaysia



UNIVERSITI  
KEBANGSAAN  
MALAYSIA  
*National University  
of Malaysia*



KUALA LUMPUR



International Islamic  
University Malaysia



UNIVERSITI SAINS MALAYSIA

# MALAYSIAN UNIVERSITIES CONJOINT BOARD OF ORTHOPAEDIC SURGERY

ID Number  
(for office use only)

## BASIC SCIENCES EXAMINATION (ORTHOPAEDIC SURGERY)

**3<sup>rd</sup> – 4<sup>th</sup> APRIL 2014**

**FACULTY OF MEDICINE  
UNIVERSITI MALAYA LEMBAH PANTAI KUALA LUMPUR**

PASSPORT  
PHOTOGRAPH

### SECRETARIAT

#### COLLEGE OF SURGEONS, AMM

G-1 Medical Academies of Malaysia

210 Jalan Tun Razak, 50400 Kuala Lumpur, Malaysia

EMAIL: [acadmed@po.jaring.my](mailto:acadmed@po.jaring.my) WEBSITE: [www.acadmed.org.my](http://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 FEE

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