

Written Assurance

To:
 Ministry of Health Singapore
 College of Medicine Building
 16 College Road
 Singapore 169854

Applicant Particulars

| | | | | |
|---|---------------|------------------------------|--------------|-------|
| FULL NAME AS IN NRIC/PASSPORT (<u>UNDERLINE SURNAME</u>) | | NRIC NO. | PASSPORT NO. | |
| NATIONALITY <input type="checkbox"/> Singaporean <input type="checkbox"/> Singapore PR | | COUNTRY OF CURRENT RESIDENCE | | |
| SEX | DATE OF BIRTH | HOME TEL | MOBILE | EMAIL |
| MAILING ADDRESS | | | | |

Registration Details in Singapore

Are you currently registered with the Singapore Medical Council (SMC)? Yes No

| | | |
|--------------------------------|---------|-----------------|
| REG TYPE (FULL/COND/TEMP/PROV) | REG NO. | YEAR REGISTERED |
|--------------------------------|---------|-----------------|

Basic Qualification

| | | | |
|-------|---------------|------------------------|---------|
| TITLE | YEAR ATTAINED | CONFERRING INSTITUTION | COUNTRY |
|-------|---------------|------------------------|---------|

Postgraduate Qualification (if any)

| | | | |
|-------|---------------|------------------------|---------|
| TITLE | YEAR ATTAINED | CONFERRING INSTITUTION | COUNTRY |
|-------|---------------|------------------------|---------|

Details of Study

| | | |
|--|--------------------|---|
| TITLE OF DEGREE / INTENDED SPECIALTY OF STUDY (AS IN THE CFR §62.27) | START DATE (MM/YY) | END DATE (MM/YY) |
| INSTITUTION OF STUDY | USMLE/ECFMG ID | SPONSORSHIP <input type="checkbox"/> HMDP <input type="checkbox"/> Institution <input type="checkbox"/> Self <input type="checkbox"/> Others (please specify _____) |

Declaration

1. I will return to Singapore upon my completion of training in the country stated above.
2. I intend to enter the practice of Medicine in the Specialty of Study above.
3. I understand that the STATEMENT OF NEED that is given to me based on this WRITTEN ASSURANCE does not carry any certainty or guarantee that I can be registered as a doctor in Singapore, or be accredited as a Medical Specialist or Family Physician in Singapore, or be able to get employment as a physician in Singapore, or to get residency status in Singapore if I am not a citizen.

SIGNATURE

DATE

Notes

1. Title of degree/intended specialty of study MUST be identical to what is reflected on the Letter of Acceptance by the foreign institution of study. (This will be the exact wordings stated on the Statement of Need).
2. Please attach these supporting documents together with this application form:
 - Citizenship (NRIC and Passport)
 - Basic Medical Qualification
 - Postgraduate Medical Qualification (if any)
 - Certificate from Specialist Accreditation Board (if applicable)
 - Letter of Employment (stating date turned Associate Consultant, if applicable)
 - Letter of Acceptance from overseas Institution of Study
 - For applications of residency, to include matching results, resident/fellow contract, etc