**Traditional Chinese Medicine Development Grant**

**Application Form for Individuals**

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| **1. Personal Particulars** | | | |
| **Name** |  | | |
| **NRIC No.** |  | | |
| **Contact No.** | (HP) | (O) | (H) |
| **Mailing Address** |  | | |
| **Profession** | TCMP  TCM Registration No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  CMM Dispensers/Clinic Assistants  Name and Address of TCM Clinic (for Clinic Assistants only)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

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| **2. Details of CTE courses attended (please attach copy of CPE history report from TCMP Board PRS system or certificate of attendance AND receipts as proof of attendance)** | | | | |
| **Date** | **Course Title** | **Organiser** | **Duration (hours)** | **Fees paid (S$)** |
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| **Total** | | | |  |
| **Amount Claimable (Total X 0.8)** | | | |  |

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| **3. Declaration** | |
| I certify the information given above and the additional attachments, are to the best of my knowledge and belief, accurate and complete.  I have not submitted the above claims to any other government agency (ies) for duplicate reimbursement.  I understand that MOH reserves the right to reject my/our application and the reason(s) for rejection need not be disclosed.  I understand that the decision made by MOH is final. | |
| **Name** |  |
| **Signature and Date** |  |