

# APPLICATION FOR MEDICAL REGISTRATION

(For use by doctors who had submitted the detailed application form in the last 2 years)

**Note:** Please complete all sections of the form and submit together with the prescribed fee by cheque or Interbank GIRO to the Council. For payment by cheque, the cheque should be crossed and made payable to the "SINGAPORE MEDICAL COUNCIL". **DO NOT use this form if you are applying for medical registration for the first time with the Singapore Medical Council (SMC).** Please note that the SMC will require about 3 weeks to process your application.

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Passport-  
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Photograph

Sections A & B to be completed by applicant:

## Section A: Reason for Application (*\*Please tick relevant box & delete where applicable*)

**I wish to apply for an extension of my temporary medical registration to continue working\*/ training\* with my current employer\*/ training institution\* for \_\_\_\_\_ months .** Fee payable is \$65.

Current employer/ training institution: \_\_\_\_\_

No. of years in current practice\*/training place\*: \_\_\_\_\_

Possess part 1 of registrable postgraduate degree? Yes\*/ No\*

Possess a registrable postgraduate degree? Yes\*/No\*

Reasons for the extension: \_\_\_\_\_

**I wish to apply for a change of\* / additional\* practice place**  
Fee payable - Conditional Registration (\$250); Temporary Registration - (\$180).

MCR No: \_\_\_\_\_ Name: \_\_\_\_\_

Contact No: \_\_\_\_\_ (Tel) \_\_\_\_\_ (Pgr/Hp) \_\_\_\_\_ (Email)

Current practice place: \_\_\_\_\_ No. of years in current practice place: \_\_\_\_\_

## Section B: Employment Details (*To be completed if you are applying for a change of practice place or an additional practice place*)

Proposed Employer's name: \_\_\_\_\_

Institution: \_\_\_\_\_ Dept: \_\_\_\_\_

Address: \_\_\_\_\_ Singapore: \_\_\_\_\_

Proposed appointment: \_\_\_\_\_ (Enclose employer's offer of employment/ training)

\_\_\_\_\_  
Signature of applicant / Date

**Section C: To be completed by Employer** (\*Please tick relevant boxes and delete where applicable).

I confirm that the applicant has been offered:

- An extension of his employment\*/ postgraduate training\* for \_\_\_\_\_ year(s) / month(s)\*
- I have enclosed a testimonial from the Head of Department stating the reason(s) for extension.
- Employment\*/ postgraduate training\* with our organisation as \_\_\_\_\_ (specify appointment)  
for \_\_\_\_\_ (specify period).
- I have enclosed an Annex C signed by the appointed supervisor.
- I have enclosed enclosed Form A, training programme details, sponsorship letter and letter of undertaking signed by the respective Head of Departments and supervisors (For training).

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Name/ Designation of Administrator

Signature/ Date