

SINGAPORE MEDICAL COUNCIL

16 College Road # 01- 01 College of Medicine Building, Singapore 169854

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APPLICATION FOR CERTIFICATE OF GOOD STANDING (CGS)

Important note: Please complete **all** sections of the form. **Incomplete forms will not be processed.** Completed form must be submitted together with the processing fee of S\$80 by cheque. The cheque should be crossed and made payable to the "SINGAPORE MEDICAL COUNCIL". The Council will need 1 week to process your application.

My Particulars:

Name* : _____

MCR Number*: _____ NRIC / FIN Number*: _____

Date of Birth*: _____ Contact Number: _____

Email Address: _____

Home Address*: _____

_____ Postal Code: _____

Practice Name / Address: _____

_____ Postal Code: _____

**compulsory fields required.*

My request: I wish to apply for a Certificate of Good Standing. *(Specify full name and address of Medical Council overseas. The original certificate will be sent directly to the Medical Council overseas.)*

Please send my certificate (tick selected box):

- by ordinary mail to address above. by registered mail to above address. *(I have paid S\$10 for this service.)*
 by self-collection¹. to my preferred mailing address¹.

Reason for my application (tick box applicable):

- Emigrating to: _____ Return to own country: _____
(state country) (state country)

- Overseas Studies / Training *(Please attach documentary evidence & state country)*

- Overseas short term employment *(Please attach employer's letter/ state country)*

- Others *(please indicate)* _____

I will depart on (Date): _____ and expect to return by (Date): _____

I declare that I have not been charged with any offence in a court of law in any country for which the outcome is not yet known.

Date : _____ @Signature of Doctor: _____

For Official Use:

Data[®] verified by : _____ PCE : _____

¹ Please provide reason(s) for self collection. Do note that a fresh application for CGS & fee will be required if the requesting authority rejects the CGS submitted by the applicant directly.