

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 a processing fee of S\$80 (**non-refundable**) by cheque. 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 for submission to the Council/Authority named below. (*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 appropriate 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 appropriate box):

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

- Overseas Studies / Training (state country)

- Overseas Short Term Employment (state country)

- Others (please indicate and attach documentary proof) _____

I will depart on : _____ and expect to return by : _____
(date in dd/mm/yyyy format)

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: _____

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.