

**Update of Personal Particulars of Medical Practitioner**

Fax Number: 6221-0558/ 6258-2134 Email: MOH\_SMC@MOH.GOV.SG

To: Registrar, Singapore Medical Council  
16 College Road #01-01, COMB, Singapore 169854

**Please update my particulars indicated  as follows: -**

PRACTICE ACTIVITY STATUS:  Full time  Part-time  Full-time locum  Part-time locum  
 Not working. State reason: \_\_\_\_\_

**SECTION A - FOR PRIVATE SECTOR**

Date Joined: \_\_\_\_\_  
Employment Status:  Sole proprietor  Partner  Employee  Others: \_\_\_\_\_  
Clinic's Name: \_\_\_\_\_  
Clinic is under a :  Group practice  Sole proprietorship  
Block/House Nos: \_\_\_\_\_ Unit Nos: \_\_\_\_\_ Building Name: \_\_\_\_\_  
Street Name: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

**SECTION B - FOR PUBLIC SECTOR**

Date Joined: \_\_\_\_\_  
Institution Type:  Government  Restructured Hospitals  University  Others: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Name of Institution / Department: \_\_\_\_\_  
Field of Practice: \_\_\_\_\_ Appointment: \_\_\_\_\_ Date Appointed: \_\_\_\_\_  
Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

**SECTION C - FOR RESIDENTIAL ADDRESS :**  IC Address  Other Local Address

Block/House Nos: \_\_\_\_\_ Unit Nos: \_\_\_\_\_ Building Name: \_\_\_\_\_  
Street Name: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Tel: \_\_\_\_\_ H/P: \_\_\_\_\_ Pager: \_\_\_\_\_  
Fax: \_\_\_\_\_ Email address: \_\_\_\_\_  
Preferred Mailing Address:  IC address  Practice address  Other address

**MCR NUMBER**

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\_\_\_\_\_  
Name / Signature of Requesting Doctor

\_\_\_\_\_  
Date