## MALAYSIAN UNIVERSITIES CONJOINT COMMITTEE OF OPHTHALMOLOGY and COLLEGE OF SURGEONS, ACADEMY OF MEDICINE OF MALAYSIA BASIC SCIENCES EXAMINATION (Ophthalmology)

APPLICATION FORM

State the DATE of the You are applying for	ne Basic Sciences Exa					
	21st August	2017 (UM)		Photo		
Please ensure applica	ations arrive before the o	closing date.				
ONE passport sized	photo MUST be attach	ned to the application fo	rm.			
(Please complete all sections in BLOCK LETTERS).						
Full Name						
Date of Birth	DD/MM/YYYY		Se	x M/F		
MYKAD / Passport						
No						
Address for correspondence						
Telephone No (DAYTIME)	Mobile No					
E-mail address						
Medical qualification (MBBS, MD, etc)	Name of University or Medical College (enclose copy of certificate)					
Date of Graduation from Medical School (ie date you passed your final examinations)		Date you started work as a House Officer / Intern				
Have you sat for this examination on a previous occasion?	YES / NO I have sat for the exam	nination tim	ne/s previo	pusly		

I declare that all the information I have supplied in this form is truthful.

I have successfully completed at least one year in a House Officer Post by the date of the examination applied for. (Please supply us with evidence of this.)

NOTE THAT YOU WILL ONLY BE ELIGIBLE, IF YOU FULFILL THIS REQUIREMENT. A FALSE DECLARATION WILL DISQUALIFY YOU FROM THE EXAMINATIONS.

Signature of candidate	 Date of application	
Orginature or carranation	 Date of application	

Acceptance of candidates for this examination does NOT guarantee:-

- (i) registration with the Malaysian Medical Council (MMC) OR
- (ii) acceptance by any University into the Masters programme.

## An Examination Fee of RM 800.00 applies for this examination.

Please make Cheque/Money Order/Bank Draft for the amount of *RM 800.00* payable to "*College of Ophthalmologists, AMM*". This application must be returned to the Examination Section, CONJOINT COMMITTEE OF OPHTHALMOLOGY, c/o Academy of Medicine of Malaysia, G-1, Medical Academies of Malaysia, 210, Jalan Tun Razak, 50400 Kuala Lumpur, Malaysia (Tel: 603 40254700 / 40234700) with the full amount of the fee. From 1st June 2017, the address will be change to: Examination Section, CONJOINT COMMITTEE OF OPHTHALMOLOGY, c/o Academy of Medicine of Malaysia, Unit 1.6, Level 1, Enterprise 3B, Technology Park Malaysia (TPM), Lebuhraya Puchong - Sungei Besi, Bukit Jalil 57000 Kuala Lumpur, Wilayah Persekutuan.

The application form and the full amount of fee must be received by the Conjoint Secretariat, not later than **5.00 pm on the closing date**.

A candidate withdrawing an application for admission to an examination, in writing, may receive back the full amount of the fee paid, provided that such notice of withdrawal is received by the **closing date for application.** 

**REFUNDS will not be made** to candidates who fail to attend examinations or who withdraw from examinations after the closing date of the examinations.

Please note the results of the examination will be in the form of a grade only and that individual marks are not released as a policy of the examination board.

You must bring with you to the examination your Malaysian Identity Card or International Passport, as the examination staff/ invigilator will check your identification before you sit for the examination.

## Checklist:

- □ 1 Passport Photo
- Copy of Medical Degree Certificate
- Evidence of Completion of House Officer Training and Work Experience
- □ Cheque/Money Order/Bank Draft for the amount of RM 800.00