



**APPLICATION TO SIT FOR MPAeds/Dr.Paeds/MMed(Paeds) EXAMINATION**

1. NAME: \_\_\_\_\_
2. MATRICULATION NO.: \_\_\_\_\_
3. DATE OF ENTRANCE INTO PROGRAMME: \_\_\_\_\_
4. APPLICATION TO SIT FOR (Please tick the chosen box and fill in the respective dates):

<input type="checkbox"/> <b>Part I only</b>	<input type="checkbox"/> <b>Part I &amp; II</b>	<input type="checkbox"/> <b>Part II</b>
Select one:	Select below:	Select below: Date of passing Part I: _____
OR April/May	OR April/May	
October/November	October/November	Attempt No: _____
Attempt No: _____	Attempt No: _____	October/November

5. PLEASE INDICATE THE NUMBER FOR EACH OF THE FORMATIVE ASSESSMENTS BELOW THAT HAS BEEN COMPLETED.

<b>OSR</b>	<input type="text"/>	<b>CBD</b>	<input type="text"/>	<b>Mini-CEX</b>	<input type="text"/>	<b>DOPS</b>	<input type="text"/>	<b>SAILS</b>	<input type="text"/>
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**MSF**  **SCCBD**

6. THESIS PROPOSAL DONE

**YES**  **NO**

**TITLE :** \_\_\_\_\_

**DATE :** \_\_\_\_\_

7. ETHIC SUBMISSION

**YES**  **NO**

I hereby confirm that I have fulfilled the above as minimum requirement to be eligible to sit the exam I am applying for.

Candidate's Signature : \_\_\_\_\_  
 IC No : \_\_\_\_\_  
 Date : \_\_\_\_\_

I, \_\_\_\_\_ as the applicant's overall supervisor / Head of department (HOD) hereby acknowledge that this candidate under my supervision has achieved the minimum requirements and is thus eligible to apply to sit for the exam as indicated above.

Overall Supervisor's /HOD's Signature : \_\_\_\_\_  
 Name : \_\_\_\_\_  
 Date : \_\_\_\_\_

**IMPORTANT:**

- Please ensure this form is submitted to the respective Paediatric department by 31<sup>st</sup> December for the following April/May exam OR by 30<sup>th</sup> June for the October/November exam.
- Eligibility criteria with the minimum formative assessments completed **MUST** be met before each candidate is allowed to sit for the examination (refer to Manual for Candidates, page 12). Failure to do so prohibits the candidate from taking the examination.
- Candidates are not allowed to withdraw from sitting for the examination once the form is submitted.

**FOR OFFICE USE**

Programme Coordinator or Head of Department:

Name & Signature: \_\_\_\_\_

Date: \_\_\_\_\_