



SCHOOL OF MEDICAL SCIENCES, UNIVERSITI SAINS MALAYSIA
APPLICATION FORM FOR POSTGRADUATE SHORT COURSE
OF MOBILITY PROGRAM

(Candidate to fill up ONLY PART A – PART D)

PART A – PROGRAM PARTICULARS

i) Type of Program :

- Clinical Fellowship Attachment
- Clinical Observership Attachment
- Laboratory Fellowship Attachment
- Laboratory Observership Attachment
- Research Fellowship

ii) Field of Attachment

iii) Department at School of Medical Sciences USM

iv) Name of Supervisor *[if any]*

v) Duration of Program:

- Less than 3 months
- 3 to 6 months
- 6 to 12 months

vi) Expected Date :

	/		/
	/		/

Start Date. (Example : 01 January 2017)

Conclude Date. (Example : 31 Disember 2017)

PART B - CANDIDATE PARTICULARS

i) Full Name [as in your ID or Passport] : _____ Nationality:

ii) ID or Passport No: _____ Passport Expiry Date:

iii) Sex:
 Male
 Female

iv) Date of Birth / / (Example : 01 January 2017)

v) Mobile Phone No. : _____ Other Telephone No. : _____

vi) Email Address : _____ Other Email Address : _____

vii) Postal Address:

viii) Emergency contact person [name & any contact details – phone no./email etc]

PART C - ACADEMIC BACKGROUND

i) Professional Qualification *[if any]*

State Name of Institution, Qualification, Status of Qualification, Year of Graduation & CGPA/Grade,

ii) Doctorate Degree *[if any]*

State Name of Institution, Qualification, Year of Graduation & CGPA/Grade

iii) Master Degree

State Name of Institution, Qualification, Year of Graduation & CGPA/Grade

iv) Undergraduate Degree

State Name of Institution, Qualification, Year of Graduation & CGPA/Grade

PART D – CAREER BACKGROUND

i) Current Employment *[If any]*

State Name of organization, year started working and brief job description

ii) Previous Employment *[if any]*

State Name of organization, year started working and brief job description

DOCUMENTS

[Kindly email scan copy of each degree scroll and academic transcript to Postgraduate Office: farhanabasyireen@usm.my and wanaini@usm.my].

List of Documents Required:

1. Passport size photographs [3.5cm x 5.0cm]
2. MyKad copy (local) or Passport copy (international) - [scan the original color only]
3. Professional scroll and Postgraduate/Undergraduate academic scroll/transcript - [scan the original color only]
4. Curriculum Vitae
5. Any testimonial documents stating your previous working experience.
6. Approval Letter or Referee Report [Original with letterhead]
7. Medical practicing certificate – if any
 - APC for **local candidate** stating **Hospital Pakar Universiti Sains Malaysia (HPUSM) as one of the place for practice.**
 - TPC for **international candidate.** (Application must be made through the supervisor via Merit-MMC)

ENDORSEMENT & APPROVAL

[This section to be used for endorsement & approval by **Universiti Sains Malaysia**] [Not to be filled up by candidates]

i) Endorsement by the Head of Department:

- Recommended
 Not Recommended

HOD's Recommendation:

	Signature & Stamp: Date:
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ii) Agreement by the proposed Supervisor:

- Agree
 Disagree

Expected Date of Registration : _____

Field of Attachment : _____

Supervisor's Comment :

	Signature & Stamp: Date:
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iii) Approval By Deputy Dean

- Approve
- Not Approve

Deputy Dean's Recommendation:

Signature & Stamp:

	Date:
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iv) Approval By Dean

- Approve
- Not Approve

Dean's Recommendation:

Signature & Stamp:

	Date:
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FOR POSTGRADUATE OFFICE USE ONLY

[This section to be used by Postgraduate Office] [Not to be filled up by candidates]

Date of Registration:

/	/	(Example : 01 January 2017)
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Please Tick (/)

Document to be collected & recorded

Date :

<input type="checkbox"/>	Term of Reference's Document signed by both candidate & supervisor	
<input type="checkbox"/>	Medical Checkup form (mandatory for clinical Fellows)	
<input type="checkbox"/>	Visa clearance (mandatory for clinical Fellows)	
<input type="checkbox"/>	MMC clearance (mandatory for clinical Fellows)	
<input type="checkbox"/>	Borang permohonan kad afiliasi	
<input type="checkbox"/>	Registration acknowledgement (upon request)	
<input type="checkbox"/>	Copy of fee payment receipt. Amount of fees paid (RM_____)	

Process by & date :

/	/	(Example : 01 January 2017)
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**POSTGRADUATE SHORT COURSE MOBILITY PROGRAM
SCHOOL OF MEDICAL SCIENCES
UNIVERSITI SAINS MALAYSIA**

FEE STRUCTURE FOR MALAYSIAN CANDIDATES

Administrative Fee (One-Off)	MYR
Clinical Fellowship Attachment	500
Laboratory Fellowship Attachment	
Research Fellowship Attachment	
Clinical Observership Attachment	
Laboratory Observership Attachment	



**POSTGRADUATER SHORT COURSE MOBILITY PROGRAM
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FEE STRUCTURE FOR INTERNATIONAL/PRIVATE SECTOR CANDIDATE

Recurrent Fees	USD/Month
Base Rate	75
Consumable	400
Management	75
Supervision	300
TOTAL	850

VISA APPLICATION FEES	RM
Professional Visit Pass (PvP)	339.20
Multiple Entry Visa (depending on country of origin)	100-150
Stamping of Personal Bond	20
Bank Guarantee	1500

TEMPORARY PRACTICING CERTIFICATE (TPC)* from Malaysian Medical Council (MMC)	RM500/ 4 Months
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*applicable for clinical fellowship/clinical attachment (hands-on training) only

**all fee subject to Committee Fi amendment