



**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 :

<input type="checkbox"/>	Clinical Fellowship Attachment
<input type="checkbox"/>	Clinical Observership Attachment
<input type="checkbox"/>	Laboratory Fellowship Attachment
<input type="checkbox"/>	Laboratory Observership Attachment
<input type="checkbox"/>	Research Fellowship
<input type="checkbox"/>	Clinical Attachment (Admission to M.Med/M.Path/MS only)
<input type="checkbox"/>	Others : _____

ii) Field of Attachment

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iii) Department at School of Medical Sciences USM

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iv) Name of Supervisor *[if any]*

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v) Duration of Program:

<input type="checkbox"/>	Less than 3 months
<input type="checkbox"/>	3 to 6 months
<input type="checkbox"/>	6 to 12 months

vi) Expected Date :

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/	/

**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:

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ii) ID or Passport No: \_\_\_\_\_ Passport Expiry Date:

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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:

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

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**PART C - ACADEMIC BACKGROUND**

i) Professional Qualification *[if any]*

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

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ii) Doctorate Degree *[if any]*

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

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iii) Master Degree *[if any]*

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

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iv) Undergraduate Degree *[if any]*

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

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**PART D – CAREER BACKGROUND**

i) Current Employment *[If any]*

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

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ii) Previous Employment *[if any]*

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

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**DOCUMENTS**

[Kindly email scan copy of each degree scroll and academic transcript to postgraduate [maisarahzahari@usm.my](mailto:maisarahzahari@usm.my) and [zubaidahkck@usm.my](mailto:zubaidahkck@usm.my)]. Please quote your name and ID/Passport No.

**List of Documents Required:**

1. Passport size photographs [3.5cm x 5.0cm] with blue background
2. Passport Copy [all pages-scan the original color only]
3. Postgraduate scroll and academic transcript [scan the original color only]– if any
4. Undergraduate scroll and academic transcript [scan the original color only]– if any
5. Professional scroll and academic transcript – [scan the original color only]– if any
6. Curriculum Vitae
7. Any testimonial documents stating your previous working experience – if any
8. Referee Report [Original with letterhead]
9. Medical practicing certificate – if any
  - APC for local candidate stating Hospital Universiti Sains Malaysia (HUSM) as one of the place for practice.
  - TPC for international candidate.

**ENDORSEMENT & APPROVAL**

[This section to be used for endorsement & approval purposed] [Not to be filled up by candidates]

i) Endorsement by the Head of Department:

Recommended

Not Recommended

HOD's Recommendation:

Signature & Stamp:

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ii) Agreement by the proposed Supervisor:

Agree

Disagree

Expected Date of Registration : \_\_\_\_\_

Field of Attachment : \_\_\_\_\_

Supervisor's Comment :

Signature & Stamp:

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iii) Approval By Deputy Dean

- Approve  
 Not Approve

Deputy Dean's Recommendation:

Signature & Stamp:

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iv) Approval By Dean

- Approve  
 Not Approve

Dean's Recommendation:

Signature & Stamp:

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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)

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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**FEE STRUCTURE FOR MALAYSIAN CANDIDATES**

<b>Administrative Fee (One-Off)</b>	<b>MYR</b>
<b>Clinical Fellowship Attachment</b>	<b>500</b>
<b>Laboratory Fellowship Attachment</b>	
<b>Research Fellowship Attachment</b>	
<b>Clinical Observership Attachment</b>	
<b>Laboratory Observership Attachment</b>	
<b>Clinical Attachment For Admission To MMed/MPath/MSurg</b>	



**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
<b>TOTAL</b>	<b>850</b>

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

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

\*\*all fee subject to Committee Fi amendment