

THE ENTRANCE EXAMINATION  
FOR THE MASTERS IN OBSTETRICS & GYNAECOLOGY  
PROGRAMME

**APPLICATION FORM**



<b>FULL NAME:</b>												
<b>IC NUMBER: (MALAYSIAN)</b>							-					
<b>PASSPORT NUMBER: (FOREIGNER)</b>						<b>NATIONALITY:</b>						
<b>AGE:</b>					<b>SEX:</b>		<b>MALE</b>		<b>FEMALE</b>			
<b>MAILING ADDRESS:</b>												
<b>EMAIL ADDRESS:</b>												
<b>PHONE NUMBER:</b>	<b>H</b>				<b>O</b>				<b>H/P</b>			
<b>DEGREE:</b>						<b>YEAR:</b>						
<b>WORKING EXPERIENCE:</b>	<b>PLACE</b>					<b>DATE</b>						

I hereby declare that the above information are true.

Name: \_\_\_\_\_

***\*Please attach a certified true copy of your Basic Medical Degree Certificate and send to the address below***

**FOR OFFICE USE**

Cheque / bank draft No. \_\_\_\_\_ (RM500 Payable to 'PERSATUAN ALUMNI MOG MALAYSIA(PAMM)')  
Receipt No. \_\_\_\_\_

<b>REGISTRATION NUMBER</b>		<i>(for repeaters please key in your registration number)</i>
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