



**AFPM**  
ACADEMY OF FAMILY PHYSICIANS OF MALAYSIA

**CERTIFICATE IN SEXUALLY TRANSMITTED INFECTIONS FOR  
PRIMARY CARE PHYSICIANS (AFPM) 2024/2025**

**REGISTRATION FORM**

<b>NAME</b>	
<b>NRIC NO</b>	
<b>ADDRESS</b>	
<b>CONTACT NUMBER</b>	
<b>EMAIL</b>	

<b>MADE PAYABLE TO: (ONLINE TRANSFER)</b>	<b>AKADEMI KEDOKTORAN KELUARGA MALAYSIA 001-201-0101820 (AMBank) RM3,500/-</b>
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**SIGNATURE** : \_\_\_\_\_

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

**NOTE:**

- Please email the completed registration form and payment slip to [mala@afpm.org.my](mailto:mala@afpm.org.my) or [vicky@afpm.org.my](mailto:vicky@afpm.org.my)