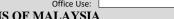


Office Use: THE ACADEMY OF FAMILY PHYSICIANS OF MALAYSIA





<u>i</u>	APPLICATION I						N			
	WORK	EXPERIENC	E POSTING	(FAMILY	MEDICIN	<u>E)</u>				
SECTION 1 : Registration with the										
Date of Full Registration with Malaysi		имс) :								
2. Annual Practicing Certitifcate (APC)	: Current Year	:		No. :	_		-			
3. AFPM Membership No:		(Life member	Yes	No)	_					
SECTION 2 : Personal Data										
1. Name :										
			(as in your Na	ational Regist	ration Identity	Card / Passpo	ort)			
2. Date of Birth :	d d	/ m	m	/ у	у у	٧				
3. Nationality :										
4a. Gender :	N	1ale	Fe	male	4b. Race	:				
5a. NRIC (for Malaysian)		:	:		1	ı				
5b. Passport Number (for non-Malaysia)	າ)	:	:							
6. Telephone No:	Office		Re	esidence		Mobil	е			
7. Email address:	L					ı		l		
8. Home address:										
	Postcode		Ci	ty/Town		State				
9. Mailing address:										
			r					1		
	Postcode		Ci	ty/Town		State				
10a. Current position /						Sector /	'Employer	Public		
appointment								Private		
Name of establishment	Address:						Tel. No.			
							Fax. No.			
Name of establishment	Address:						Tel. No.			
							Fax. No.			
CECTION 2. Family Mandala Con-							•			
SECTION 3 : Family Medicine Spe	<u>cialisation</u>		Λwai	rding Body				Year		
Degree		Awaiting body					1			
SECTION 4 : List of Potential Supervisors No. Name		Klinik Kesihatan			Conta	Contact No		Supervisor agreed (tick)		
							1. Preferred		,	
							2. Alternative	•	\vdash	
							+			
							1. Preferred	supervisor	Ш	
							2. Alternative	supervisor		
*Candidate to obtain supervisor's agre	ement FIRST to ensu	re availability		*			•			
SECTION 5 :										
Proposed date of posting		to			(12 mor	ths or 18 mo	nths)			
2. I have paid RM 300.00 processing fee	and attached the pay	ment slip ((Please tick). I am	a life membe	r of AFPM, pro	cessing fee w	vaived (Please tick).		
Academy of Family Phys	icians of Malaysia: <u>Ar</u>	nbank Account N	umber 001-201-0	<u>10181-2</u>						
Signature :			St	amp:						

CHECKLIST - MOH SUPERVISED POST QUALIFICATION WORK EXPERIENCE POSTING

		(√)
1.	Application form	
2.	Membership status for processing fee payment (Check membership status with the office) Life Member: Free Non Life Member: RM 300.00	
3.	Certified true copy of Annual Practicing Certificate	
4.	Certified true copy of Identity Card	
5.	Certified true copy of award certificate or result letters	
6.	Proof of payment (if not life member of AFPM)	
7.	Signed supervisor agreement form	