



**COLLEGE OF FAMILY PHYSICIANS SINGAPORE  
GRADUATE DIPLOMA IN FAMILY MEDICINE  
PROGRAMME 2002-2004**

Recent  
Passport-sized  
Photo x 2

Please U the appropriate boxes accordingly. \*Please delete where not appropriate.

**(A) PERSONAL PARTICULARS**

- 1a. Family Name : \_\_\_\_\_ 1b. Given Name : \_\_\_\_\_ (Mr/Mrs/Miss/Mdm)\*
- 2a. PP/NRIC No : \_\_\_\_\_ 2b. Type of NRIC : Singapore Pink/Singapore Blue/Malaysia Blue/Malaysia Pink\*
- 2c. Race : Chinese/Malay/Indian/Others\* please specify: \_\_\_\_\_
- 2d. Sex : Male/Female \* \_\_\_\_\_ 2e. Citizenship: | Singaporean | Others, please specify: \_\_\_\_\_
3. Date of Birth : \_\_\_\_\_ (dd/mm/yyyy)
- 4a. Type of Practice: | NHG | Singhealth | Private | Group | Solo | Locum | Not working
- 4b. MCR No : \_\_\_\_\_ 4c. Year of SMC Registration: \_\_\_\_\_
5. Address : \_\_\_\_\_  
\_\_\_\_\_ Postal Code \_\_\_\_\_
6. Tel No : \_\_\_\_\_ 7. Handphone : \_\_\_\_\_ 8. Pager : \_\_\_\_\_
9. Email Address : \_\_\_\_\_

**(B) MEMBERSHIP TO COLLEGE OF FAMILY PHYSICIANS SINGAPORE**

1. Year of Joining : \_\_\_\_\_

**(C) YEAR AND DEGREES/DIPLOMAS AWARDED** (Attach a separate sheet if necessary)

- Year : \_\_\_\_\_ Qualification : \_\_\_\_\_
- Year : \_\_\_\_\_ Qualification : \_\_\_\_\_

**(D) APPOINTMENTS** (Attach a separate sheet if necessary)

- From : \_\_\_\_\_
- To : \_\_\_\_\_
- Department/Hospital or Medical Practice/Group : \_\_\_\_\_
- Remarks if any : \_\_\_\_\_

Please send completed application form together with payment, before 30 April 2002, to:

**College of Family Physicians Singapore  
College of Medicine Building, 16 College Road  
#01-02 Singapore 169854**

Tel: 6223 0606 Fax: 6222 0204 Website <http://www.cfps.org.sg/>

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1. Fee paid : S\$ \_\_\_\_\_ 2. Cheque/draft no. : \_\_\_\_\_
3. Acknowledgement date : \_\_\_\_\_ 4. Official receipt no : \_\_\_\_\_
5. Checked by : \_\_\_\_\_