SULTAN AHMAD SHAH MEDICAL CENTRE @IIUM
ATTACHMENT OF MEDICAL OFFICER / SPECIALIST AT
SULTAN AHMAD SHAH MEDICAL CENTRE (SASMEC) @IIUM

NAME	
IDENTIFICATION CARD NO.	
CONTACT NO.	
E-MAIL	
INSTITUTION	
DEPARTMENT	
POSITION / GRADE	
DEPARTMENT OF	
SUPERVISOR(S)	
DURATION	

DOCUMENTS REQUIRED			
NO.	**NO. OF COPIES**	**ITEM**	**✓**
1	1 copy	Copy of Identification Card	
2	1 copy	Letter of Approval of Attachment	
3	1 copy	MMC Certificate	
4	1 copy	Latest Annual Practicing Certificate (APC)	
5	1 copy	National specialist registry certificate (NSR) (if applicable)	

ACKNOWLEDGEMENT	
I certify that the information provided on this application is complete and accurate. Signature of applicant: Date: _____ _____ **NOTE:** 1. All applicants must attach copies or other evidence of any qualifications, structured training, continous education and current registration details in the application form. Copies of evidence of qualification, training and experience should be authenticated. 2. A separate typed curriculum vitae may be attached in support of this application. (Optional)	

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HEAD OF DEPARTMENT RECOMMENDATION FORM

Date:

I hereby certify that_____has been approved for the attachment at my department.

The education, training and / or experience has been verified with the primary source, refer attached.

Signature : ……..

Name & Official stamp: ……..

Date : ……..

FOR OFFICE USE ONLY

Application status: Verified and complete attachment form approved from

_____ to _____
(dd/mm/yyyy) (dd/mm/yyyy)

_____
Coordinator,
Clinical Management Unit,
Sultan Ahmad Shah Medical Centre @IIUM

_____
Director (Clinical),
Sultan Ahmad Shah Medical Centre @IIUM