SULTAN AHMAD SHAH MEDICAL CENTRE @IIUM
APPLICATION FOR LOCUM

Hospital Director
Sultan Ahmad Shah Medical Centre @IIUM
Jalan Sultan Ahmad Shah
Bandar Indera Mahkota
25200 KUANTAN

Sir/Madam,

APPLICATION FOR LOCUM FOR CLINICAL SPECIALIST/DENTIST, MEDICAL OFFICER/DENTAL OFFICER

Name :
Staff No :
Department :
MMC No :
APC No (Latest) :

I, the above-mentioned name would like to request your approval to do locum at the hospital(s)/clinic(s)/centre(s) listed below:

I shall abide by the guidelines for conducting locum for Clinical Specialist/Dentist, Medical Officer/Dental Officer set by the Ministry of Health of Malaysia as adopted by the authorities applicable at SASMEC @IIUM. I shall prioritise my services in SASMEC @IIUM* and be ready to be called at any time especially in times of emergency and I understand the management reserves the exclusive rights to withdraw this approval at any time if found to be in conflict with the existing rules, and as deemed fit and necessary.

_____
Signature of applicant: Date:

*Subject to '*Surat Pekeliling Ketua Pengarah Kesihatan Malaysia Bil 2/2010*'
(Reminder: Any practice outside SASMEC @IIUM shall require your own personal insurance indemnity)

The above application is ☐ Recommended ☐ Not Recommended

_____
(Signature, Head of Department)
Official Stamp Date:

APPROVAL

The above application is ☐ Approved ☐ Not Approved

_____
Signature, Hospital Director/Director (Clinical)
Official Stamp Date:

*(**Remarks**: Please submit a copy of this form to the applicant after the approval)*