SULTAN AHMAD SHAH MEDICAL CENTRE @IIUM
CHECKLIST OF APPLICATION FOR SUBSPECIALTY TRAINING

		To be filed up by (Tick):	
NO	**ITEM**	Candidate	Secretariat
1	Application Form for Subspecialist		
2	Verification Form by the Hospital Director		
3	Latest service book*		
4	Gazettement certificate		
5	Covering Letter from the Hospital Director in regards to the suitability of the candidate to follow the training according to his/her experience, attitude and interest.		
6	Referee Form (completed by 2 different Referees)		
7	Asset Declaration Form*		
8	Copies of Identification Card		

For IIUM applicants (KOM/SASMEC @IIUM)* ***ONLY.*

APPLICANT'S VERIFICATION	
Name: Position: Department:	

FOR SECRETARIAT USE	
Name: Position: Department:	

NOTE: *Application approved/rejected*

If rejected, please state: _____