

Written Assurance

To:
Ministry of Health Singapore
College of Medicine Building
16 College Road
Singapore 169854

Applicant Particulars

FULL NAME AS IN NRIC/PASSPORT (UNDERLINE SURNAME)		NRIC NO.	PASSPORT NO.	
NATIONALITY ☐ Singaporean ☐ Singapore PR		COUNTRY OF CURRENT RESIDENCE		
GENDER	DATE OF BIRTH	HOME TEL	MOBILE	EMAIL
MAILING ADDRESS				

Registration Details in Singapore

Are you currently registered with the Singapore Medical Council (SMC)? ☐ Yes ☐ No

REG TYPE (FULL/COND/TEMP/PROV)	REG NO.	YEAR REGISTERED
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Basic Qualification

TITLE	YEAR ATTAINED	CONFERRING INSTITUTION	COUNTRY
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Postgraduate Qualification (if any)

TITLE	YEAR ATTAINED	CONFERRING INSTITUTION	COUNTRY
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Details of Study

TITLE OF DEGREE / INTENDED SPECIALTY OF STUDY (AS IN THE CFR §62.27)	START DATE (MM/YYYY)	END DATE (MM/YYYY)
INSTITUTION OF STUDY	USMLE/ECFMG ID	SPONSORSHIP ☐ HMDP ☐ Institution ☐ Self ☐ Others (please specify _____)

Declaration

1. I will return to Singapore upon my completion of training in the country stated above.
2. I intend to enter the practice of Medicine in the Specialty of Study above.
3. I understand that the STATEMENT OF NEED that is given to me based on this WRITTEN ASSURANCE does not carry any certainty or guarantee that I can be registered as a doctor in Singapore, or be accredited as a Medical Specialist or Family Physician in Singapore, or be able to get employment as a physician in Singapore, or to get residency status in Singapore if I am not a citizen.

SIGNATURE

DATE

Notes

1. Title of degree/intended specialty of study MUST be identical to what is reflected on the Letter of Acceptance by the foreign institution of study. (This will be the exact wordings stated on the Statement of Need).
 2. Please attach these supporting documents together with this application form:
 - ☐ Citizenship (NRIC and Passport)
 - i. For Singapore Permanent Residents, please provide the re-entry permit
 - ☐ Basic Medical Qualification
 - ☐ Postgraduate Medical Qualification (if any)
 - ☐ Certificate from Specialist Accreditation Board (if applicable)
 - ☐ Letter of Employment (stating date turned Associate Consultant)
 - ☐ Letter of Provisional Employment or Letter of offer from local healthcare institution in Singapore, if applicable
 - ☐ Letter of Acceptance from overseas Institution of Study, stating start date of training
 - ☐ For applications of residency, to include matching results, resident/fellow contract, etc
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