

## EXAMINATION APPLICATION FORM (AST)

**Application Year:** 2024

**Examination applied for:** Joint Specialty Fellowship Examination in General Surgery  
(Singapore)

**Examination Date:** 16 – 17 August 2024

**Exit Exam Fee:** S\$8502 (Telegraphic Transfer to “Joint Committee on Specialist Training”  
or “JCST”)

£1295 (Telegraphic Transfer to ‘The Royal College of Surgeons of Edinburgh’)

Please affix one  
recent passport  
size photograph  
here.

Please remember to also attach the following:

- i) Certified True Copy of MBBS Certificate
- ii) Certified True Copy of MRCS Certificate & MMed Certificate or Letters notifying of passing results
- iii) An official letter signed by your Head of Department and yourself, listing all your AST postings performed, and confirming that they were officially accredited postings and that all postings were performed satisfactorily.

**APPLICATIONS ARE TO BE SUBMITTED BY 7 JUNE 2024.**

### **(A) PERSONAL PARTICULARS**

1. **FULL NAME :** (Mr/Mrs/Miss/Mdm/Ms) \_\_\_\_\_  
(Please underline family name)

2. **PASSPORT NO** \_\_\_\_\_ 3. **DATE OF BIRTH** \_\_\_\_\_  
(dd/mm/yyyy)

4. **HOME/PERMANENT ADDRESS**

\_\_\_\_\_  
\_\_\_\_\_

5. **MAILING ADDRESS** (if different from above. Please do not give P.O.Box address)

\_\_\_\_\_  
\_\_\_\_\_

6. **TEL NO** \_\_\_\_\_ 7. **FAX NO** \_\_\_\_\_

8. **HANDPHONE NO** \_\_\_\_\_ 9. **EMAIL** \_\_\_\_\_

\_\_\_\_\_

**(B) ACADEMIC QUALIFICATION**

**1. TERTIARY EDUCATION (UNDERGRADUATE)**

<u>From</u>	<u>To</u>	<u>Name and Location of University</u>	<u>Certificate</u>
_____	_____	_____	_____
_____	_____	_____	_____

**2. POSTGRADUATE EXAMS & PROFESSIONAL QUALIFICATION OBTAINED**

_____	_____	_____
Institution of Award	Name of Exam	Date passed (dd/mm/yy)
_____	_____	_____
Institution of Award	Name of Exam	Date passed (dd/mm/yy)

**3. ADDITIONAL QUALIFICATIONS OBTAINED**

_____	_____	_____
Institution of Award	Name of Exam	Date passed (dd/mm/yy)

**4. MEMBERSHIP OF PROFESSIONAL ORGANISATIONS**

<u>From</u>	<u>To</u>	<u>Organisation</u>	<u>Post Held/Membership Status</u>
_____	_____	_____	_____
_____	_____	_____	_____

**5. REGISTRATION AS LEGALLY QUALIFIED MEDICAL PRACTITIONER**

Country : \_\_\_\_\_ Year of Registration: \_\_\_\_\_

**6. LIST OF MANDATORY COURSES OBTAINED**

<u>Name of Courses</u>	<u>Date Taken</u>
_____	_____
_____	_____
_____	_____
_____	_____



**(D) DECLARATION**

- 1. I declare that the information made by me on this form is accurate.**
- 2. I give my consent for JCST to use my personal details as stated in this form for official purpose that is relating to training and examination.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\* Please delete where not appropriate

Please send completed application form before closing date, to

***Ms Tan Hwee Miang, Joint Committee on Specialist Training,  
81 Kim Keat Road, #11-00, NKF Centre, Singapore 328836  
Tel : (65) 6593 7835, Fax : (65) 6593 7861***

**FOR OFFICIAL USE ONLY**

- |    |                      |   |         |
|----|----------------------|---|---------|
| 1. | FEE PAID             | : | SS_____ |
| 2. | CHEQUE/DRAFT NO.     | : | _____   |
| 3. | ACKNOWLEDGEMENT DATE | : | _____   |
| 4. | OFFICIAL RECEIPT NO: | : | _____   |
| 5. | CHECKED BY           | : | _____   |

# JOINT COMMITTEE ON SPECIALIST TRAINING

## Joint Specialty Fellowship Examination in General Surgery

### CHECK LIST FOR CANDIDATES

The followings should be submitted when applying for the Joint Specialty Fellowship Examination in General Surgery:-

1. Completed application form (For both JCST and RSCEd)
2. Certified true copy of your basic medical degree
3. Certified true copy of FRCSEd or MRCSEd diploma
4. Printed screenshot of Telegraphic Transfer made payable to “**Joint Committee on Specialist Training or JCST.**”
5. Printed screenshot of Telegraphic Transfer made payable to “**The Royal College of Surgeons of Edinburgh .**”
6. Two passport photographs with your name on the back of the photographs.

Copies of letters and certificates will only be accepted if they have been verified as true copies by the Consultant or authorised hospital official and stamped with the hospital stamp. (The signature (name of verifier should be stated) and hospital stamp must be original) All stamps must be in English.

Incomplete applications will be returned to the applicants. Applications with all supporting documents must **reach** the Secretariat on or before the closing date as stipulated in the examination calendar.

*# Certified true copy of certificate is required only for the **FIRST ATTEMPT** at Fellowship Examination.*