

**JOINT COMMITTEE ON SPECIALIST TRAINING SINGAPORE**

**AND**

**THE ROYAL COLLEGE OF SURGEONS OF EDINBURGH**

**JOINT SPECIALTY FELLOWSHIP EXAMINATION**

**IN CARDIOTHORACIC SURGERY**

**APPLICATION FORM**

Please affix two recent passport size photograph here.

Last name of candidate \_\_\_\_\_  
(BLOCK LETTERS)

Other names in full \_\_\_\_\_  
(BLOCK LETTERS)

MCR # \_\_\_\_\_ Male/ Female \_\_\_\_\_

Medical school \_\_\_\_\_ Degree/qualification \_\_\_\_\_ Date \_\_\_\_\_

Date of full registration \_\_\_\_\_  
with the Singapore Medical Council(if applicable)

Full postal address \_\_\_\_\_  
(for examination notice)

Permanent address \_\_\_\_\_  
(if different from above)

E-Mail Address \_\_\_\_\_ Mobile No. \_\_\_\_\_

No. of previous attempts for JSF Exam Cardiothoracic Surgery \_\_\_\_\_ Date \_\_\_\_\_

I wish to apply for the JSF Examination in Cardiothoracic Surgery commencing on **19 April 2024** and **1-2 June 2024** (Singapore).

I give my consent for JCST to use my personal details as stated in this form for official purpose that is relating to training.

**By signing this form, I agreed to the JCST Withdrawal and Refund policy stipulated in Annex 2.**

Date \_\_\_\_\_ Signature \_\_\_\_\_

**PLEASE NOTE: NO APPLICATION FORMS OR DOCUMENTS / CERTIFICATES BY FAX WILL BE ACCEPTED.**

Date of passing FRCS (UK) or AFRC/MRCS: .....

Name of the College: .....

**Joint Specialty Fellowship Examination in CARDIOTHORACIC SURGERY**

**Certificates of four years accredited higher training in Cardiothoracic Surgery:-**

<b>Period DD/MM/YY</b>	<b>Hospital (Hospital Stamp Required)</b>	<b>Name of Supervisor</b>	<b>Signature of Supervisor</b>

**(Please use separate sheet if space is not enough)**

Name/ Signature of Applicant

Name/ Signature of Supervisor

.....

.....

**Official Hospital Stamp:**

Please send completed application form before closing date **(6 February 2024)**:

**Ms Michelle Tay, Secretariat  
Joint Committee on Specialist Training,  
81 Kim Keat Road, #11-00, NKF Centre, Singapore 328836  
Tel: (65) 6593 7851  
Fax: (65) 6593 7861  
Email: michelle\_tay@ams.edu.sg**

**FOR OFFICIAL USE ONLY**

1. FEE PAID :S\$ \_\_\_\_\_
2. CHEQUE/DRAFT NO. : \_\_\_\_\_
3. ACKNOWLEDGEMENT DATE : \_\_\_\_\_
4. OFFICIAL RECEIPT NO : \_\_\_\_\_
5. CHECKED BY : \_\_\_\_\_

## **CERTIFICATION**

### **IMPORTANT NOTICE**

1. This application must be returned to the Joint Committee on Specialist Training, Singapore, no later than the closing date together with the full amount of the fee. Cheques should be made payable to “Joint Committee on Specialist Training” or “JCST”.
2. Candidates withdrawing from the examination must do so in writing. The whole entrance fee may be returned less 20% administration charges, or transfer to the next diet of the examination where written notice is received by the JCST prior to the closing date for receipt of applications. Half of the entrance fee may be returned or transferred to the next diet of the examination where written notice is received not less than 21 days before the commencement of the examination. After that date no refund or transfer of entrance fees will normally be made to candidates who withdraw from examination or fail to attend for any reason whatsoever. No allowance will be made for postal or other delays.