

**JOINT COMMITTEE ON SPECIALIST TRAINING  
SINGAPORE  
AND  
THE ROYAL COLLEGE OF SURGEONS  
OF EDINBURGH  
JOINT SPECIALTY FELLOWSHIP EXAMINATION  
IN GENERAL SURGERY**

Please affix one recent passport size photograph here.

**APPLICATION FORM**

Last name of candidate: .....  
(BLOCK LETTERS)

Other names in full: .....  
(BLOCK LETTERS)

Date of Birth: ..... Male / Female: .....

Degrees or qualifications where obtained, with dates: .....

Date of full registration: .....

Full postal address: .....  
(for examination notice)

Telephone No.: ..... Fax No.: ..... Mobile No.: .....

E-mail address: .....

Permanent address: .....

I wish to apply for the Specialty Fellowship Examination in General Surgery to commence on ..... 2024

Date: ..... Signature: .....

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

# REQUIREMENTS

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

Name of the College: .....

## JOINT SPECIALTY FELLOWSHIP EXAMINATION IN GENERAL SURGERY

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

Period DD/MM/YY to DD/MM/YY	Hospital (Hospital Stamp Required)	Name of Supervisor	Signature of Supervisor

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

Name/ Signature of applicant

Name/ Signature of supervisor

.....

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**Official Hospital Stamp:**

# **CERTIFICATION**

## **IMPORTANT NOTICE**

1. This application and all required documents **MUST** reach the Joint Committee on Specialist Training, Singapore, on or before the closing date indicated in the examination calendar, together with the full amount of the fee.
2. For application withdrawals, please refer to the Regulations of the Conjoint Examination of Joint Specialty Fellowship Examination in General Surgery.
3. No change can be made after the dates of the oral and clinical examinations have been allocated.
4. Singapore candidates must send a copy of their logbooks to the branch office of the Joint Committee on Specialist Training, Singapore by 7 June 2024.