



**APPLICATION FORM FOR THE POST OF MEDICAL  
OFFICER OR SPECIALIST IN THE MINISTRY OF HEALTH, MALAYSIA  
(FOR MALAYSIAN CITIZENS)**

**PERSONAL PARTICULARS**

**Name of post applied :**

**Full name of applicant :  
(CAPITAL LETTER)**

**Date and place of birth :**

**Sex : Male / Female**

**Marital Status :**

**Pasport No :**

**Nationality :**

**Permanent Address :**

**Mailing Address :**

**E – mail Address :**

**Contact Number :**

**Languages Spoken :**

**Languages Written :**

**Recent  
Photograph to be  
affixed here**

**QUALIFICATION**

**Name of Medical Degree :**

**Bonafide student of :**

**University and year awarded :**

**Name of Post Graduate Degree :**

**University and year awarded :**

**HOUSEMANSHIP / INTERNSHIP**

<u>Dicipline</u> <u>months</u>	<u>Hospital</u>	<u>From Date</u>	<u>To Date</u>	<u>Total</u>
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**SURGERY**

**MEDICINE**

**O&G**

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**MEDICAL REGISTRATION**

	<u>Authority</u>	<u>Reg. No.</u>	<u>Date</u>
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**Provisional**

**Full**

## WORKING EXPERIENCE

### After Medical Degree

<u>Post Appointed Salary</u>	<u>Place of work</u>	<u>Period From/To</u>
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### After Post Graduation

<u>Post Appointed Salary</u>	<u>Place of work</u>	<u>Period From / To</u>
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### Present Employment

<u>Post Appointed Salary</u>	<u>Place of work</u>	<u>Period From / To</u>
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#### Note :

- Please attach testimonial from your employers to confirm your years of experience.

**PERSONAL REFERENCE**

**Name Two Referees as to your character and ability**

1. **Name** :

**Address** :

**Position** :

2. **Name** :

**Address** :

**Position** :

**Please attach testimonials from referees named above**

**ANY ADDITIONAL INFORMATION**

**Signature of applicant** : .....

**Date** : .....

**ADDITIONAL REQUIREMENTS:**

- (a) Applicants must be free of any record of disciplinary action by the MMC and current/previous employer, no record of crime or drug abuse and possess satisfactory performance reports from the current/previous employer;
- (b) Upon appointment, successful applicants are subjected to rules and regulations applicable to the Malaysian civil service;
- (c) Applicants must be able to command & communicate in English; and
- (d) Applicants must be certified to be of good health and free from transmissible diseases such as AIDS, STD, Hepatitis B, Hepatitis C, etc. Medical report must be submitted along with the application form.

**DECLARATION**

I (full name).....

The above named applicant, hereby declare that the particulars stated in this application are true and correct and the documents attached are true copies of original documents which relate to me.

I have not any time been found guilty of an offence involving fraud, dishonesty or moral turpitude or any offence punishable with imprisonment (whether in itself only or in addition to or in lieu of a fine) for a term of two years or upward

Date :.....

.....  
**Signature of Applicant**



## APPENDIX A

1. **Application form\*  
( 4 copies )**
2. **Curriculum vitae of applicant\*  
( 3 copies )**
3. **Certified true copy of Basic Medical Degree\*  
( 3 copies )**
4. **Certified true copy of bonafide student certificate from the  
respective Medical Degree  
( 3 copies )**
5. **Certified true copy of Post Graduate Degree ( for specialist  
only )\*  
( 3 copies )**
6. **Certified true copy of compulsory houseman/internship  
certificate  
( 3 copies )**
7. **Certified true copy of senior houseman certificate with posting  
specified  
( 3 copies )**
8. **Certified true copy of full registration certificate from the  
respective Medical Council, country of practice\*  
( 3 copies )**
9. **RECENT ORIGINAL letters / Certificate of Good Standing ( LOGS )  
from the respective Medical Council ( 4 copies ) the LOGS must not be  
more than three (3) months from the date of issue\***
10. **Certified true copy of testimonials of working experience from  
the period of completing Housemanship until now. Please note that every  
working experience given in the curriculum vitae must be supported by  
certified true copy / copies of testimonials from Head of Department /  
Supervisors concerned ( 3 copies )\***
11. **Certified true copy of birth certificate and Identity Card or  
passport and Marriage Certificate(for spouse of Malaysian)  
( 3 copies )**
12. **Certified true copy of medical report (3 copies)**

\*Application without any one of these documents will not be entertained

# MALAYSIAN MEDICAL COUNCIL

## GUIDELINES & APPLICATION FORM

### FOR FULL REGISTRATION FOR MALAYSIAN CITIZENS COMPLETING INTERNSHIP ABROAD

**Please take note:**

- f. The following information is provided to assist you.
- g. Please read the information carefully before completing the application form.
- h. You are expected to observe and comply with ALL the terms and conditions stipulated herein.
- i. Not adhering to any of the requirements may result in undue and unnecessary delay in processing your application.
- j. The Malaysian Medical Council will NOT be held responsible for any delay due to your non-compliance with the terms and conditions set herewith.

1. Pursuant to the **Medical Act 1971**, you are required to register with the Malaysian Medical Council (MMC) to practice medicine in Malaysia;
2. To be eligible for **FULL REGISTRATION**, you need to be either:
  - a. provisionally registered with the MMC, complete your internship posting to the satisfaction of the Medical Qualifying Board **and** employed by the public authorities (unless you are given a relaxation in the compulsory services); or
  - b. registered with a foreign medical council.
3. Pursuant to **sections 39** through **44** of the **Medical Act 1971**, which mandates every practitioner to undergo a continuous three-year compulsory service within the public sector upon fully registration, the Council will not process your application if you are unable to comply with such requirements.
4. For **Malaysian citizens** completing internship **ABROAD**:
  - 4.1. Your application will be screened by the MMC Evaluation Committee which meets every **second Thursday** of the month. Hence, you are hereby notified to submit your application **not later** than the **second Monday** of the month. However, you are strongly advise to submit the application **not less than 6 (SIX) weeks** prior to commencement of intended practice where ample time will be available to address any shortcomings.
  - 4.2. The following documents with the number of copies stated are to be submitted:
    - a. Application form for Full Registration **FORM 9** – **(13 copies)**  
The application **form** should be **completed** in **BLOCK LETTERS** (preferably type-written). **Please ensure that all mandatory fields marked \* are completed.**  
**\*For resident and postal addresses in Form 9, please provide addresses in Malaysia.**
    - b. **A copy** of the basic medical degree;  
**A copy** of both the *Sarjana Kedokteran* **and** *Ijazah Kedokteran* degrees (for **Indonesian graduates only**)

- c. **A copy** *Curriculum Vitae*.
  - d. *Curriculum Vitae* of the applicant with regards to the work experience only (preferably type written) - **(13 Copies)**
  - e. **A copy** of both the *Compulsory Rotating Houseman/Internship Certificate* **and** *Bonafide Student Certificate* (for **Indian graduates only**).
  - f. The working experiences given in the curriculum vitae must be supported with certified true copies of testimonials from relevant department heads/supervisors **at least** for the last **THREE** years - **(1 Copy)**.
  - g. **A copy** of the birth certificate;
  - h. **A copy** of the identity card;
  - i. **A copy** of the *Sijil Pelajaran Malaysia* or Malaysian Certificate of Examination, where applicable.
  - j. **A copy** of a post graduate degree(s), where applicable;
  - k. **A copy** of a full registration certificate issued by a foreign Medical Council or Medical Licensing Authority in the country of practice, where applicable;
  - l. **A current and original** Letter of Good Standing **issued by a foreign Medical Council or Professional Licensing Authority** in the country of practice;
  - m. Pursuant to **sections 19 and 24** of the **Medical Act 1971**, a copy of your recent medical report if you:
    - suffer from any illness or physical condition which may affect your professional duties; and/or
    - have any mental problem and/or have been admitted into a hospital for any mental problem.
5. **ALL** documents should be certified according to the **Guidelines for Document Verification**.
  6. **Where applicable, only ONE copy should be certified.**
  7. You are advised to keep a copy of all the **documents** submitted for your future reference.
  8. Please submit this application to:
 

***The Registrar of Medical Practitioners,  
Malaysian Medical Council,  
Level 2, Block E1, Block E,  
Federal Government Administrative Centre,  
Federal Territory,  
62518 PUTRAJAYA.***
  9. Application can be submitted in person or via post.
  10. Please allow **4 (FOUR)** weeks for us to process your application once accepted.
  11. Before submitting, please refer to the **CHECKLIST** provided.
  12. You will be informed after the application brought to MMC Evaluation Committee.
  13. You are strongly advised to **respond immediately** to our notification for any shortcomings, if any.
  14. If your application is approved, you should:
    - a. Report for duty and practice within ONE MONTH;



- b. Notify your employer to submit a **letter** stating the **exact date** you reported for duty. This letter is necessary to effect the issuance of your Full Registration Certificate and should be submitted within **ONE month** you commence your practise. In case of delays, both you and your employer are required to submit a written explanation; and
  - c. Submit a hundred ringgit processing fee (pursuant to **Regulation 25** of the **Medical Regulations 1974**) in bank draft, money order, postal order or cheque in favor of '**The Registrar of Medical Practitioners**'. Please write your name and identity card number behind the payment slip.
15. If you do not wish to practice yet, you should inform us in writing within **ONE month** of the approval date.
  16. If you wish to practice **SIX months AFTER** the approval date, besides seeking our approval within **ONE month**, you are also required to submit a **current Letter of Good Standing NOT LESS than one month before** reporting.
  17. Your certificate will be send by post. You may collect it personally from our office. However, if you want someone to collect it on your behalf, please state it clearly in your application form with a letter authorizing such person.
  18. Please feel free to **contact us** if you;
    - a. Were not notified in writing upon submitting your application;
    - b. Do not hear from us two weeks after the MMC Evaluation Committee Meeting;
    - c. Do not hear from us after the one-month processing period is over; and/or
    - d. Require any assistance or have any questions.

Your cooperation is greatly appreciated. Thank you.

Yours sincerely,



**Dr. Hj. Wan Mazlan bin Hj. Mohamed Woojdy,**

Secretary.

Updated: **18 December 2008.**

**FORM 9**  
**(Regulation 22)**

**MEDICAL ACT 1971**  
**(Section 14(1))**

**MEDICAL REGULATIONS 1974**

**APPLICATION FOR FULL REGISTRATION**

1. Full name of applicant:\*

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2. Provisional Registration Certificate No.:

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3. (a) Residential address:\*

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(b) Address for postal communication  
(if different):

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4. I attach the following documents in proof of having satisfied the requirements as to experience under section 13 of the Medical Act.

- \* (a) Certificate under section 13(2) of the Medical Act.
- \* (b) Certificate under section 13(3) of the Medical Act.
- \* (c) Certificate of exemption issued under section 13(6) of the Medical Act.

Date \*: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of applicant :\* \_\_\_\_\_

*\* Delete whichever is inapplicable.*

**CURRICULUM VITAE OF APPLICANT FOR FULL  
REGISTRATION UNDER THE MEDICAL ACT 1971**  
**(MALAYSIAN CITIZENS)**

.....  
Please affix  
recent  
passport  
size photo  
here  
.....

1. NAME\*: \_\_\_\_\_  
*(Print in block letters according to I/C or Passport)*

2. DATE OF BIRTH: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
*(DD-MM-YY)*      3. NRIC\*: NEW \_\_\_\_\_ - \_\_\_\_\_  
& OLD: \_\_\_\_\_ - \_\_\_\_\_

4. CITIZENSHIP: MALAYSIA      5. AGE:\* \_\_\_\_\_ years.

6. SEX:\*      Male  Female       7. RELIGION:\* \_\_\_\_\_

8. ETHNIC: \_\_\_\_\_      9. TELEPHONE: (R)\* \_\_\_\_\_  
(HP)\* \_\_\_\_\_

10. MARITAL STATUS: Single       \*Email Address: \_\_\_\_\_  
Married   
Divorced

IF MARRIED:

Spouse : a. Name: \_\_\_\_\_

b. Occupation: \_\_\_\_\_

c. Citizenship: \_\_\_\_\_

11. BASIC MEDICAL QUALIFICATION:\*

9.1. University Granting the Qualification: \_\_\_\_\_

9.2. Description of the Qualification: \_\_\_\_\_

9.3. Date of the Qualification Awarded: \_\_\_\_\_

9.4. Date of Passing the Final Examination: \_\_\_\_\_

9.5. Bonafide Student of College: \_\_\_\_\_

9.6. Period of Compulsory Rotating Housemanship: \_\_\_\_\_

*(Note : Nos. 9.5 & 9.6 are applicable to Indian Medical Graduates only).*

12. INTERNSHIP EXPERIENCE SINCE GRADUATION:\*  
*(Note – The Compulsory Rotating Internship prior to graduation is NOT considered as Internship Training).*

<i>Discipline</i>	<i>Place</i>	<i>Date/Period</i>
12.1. General Medicine		Date: From: ___ / ___ / ___ To: ___ / ___ / ___ Period: ___ Years ___ Months.
12.2. General Surgery		Date: From: ___ / ___ / ___ To: ___ / ___ / ___ Period: ___ Years ___ Months.
12.3. Obstetrics & Gynaecology		Date: From: ___ / ___ / ___ To: ___ / ___ / ___ Period: ___ Years ___ Months.
12.4.		Date: From: ___ / ___ / ___ To: ___ / ___ / ___ Period: ___ Years ___ Months.
12.5.		Date: From: ___ / ___ / ___ To: ___ / ___ / ___ Period: ___ Years ___ Months.
12.6.		Date: From: ___ / ___ / ___ To: ___ / ___ / ___ Period: ___ Years ___ Months.

**13. POST-GRADUATE QUALIFICATION:**

<i>Awarding Body</i>	<i>Date of Award</i>	<i>Description of Degree</i>
13.1.	/ /	
13.2.	/ /	
13.3.	/ /	

**14. LICENSING AUTHORITY:\***

14.1. Date of Full Registration: \_\_\_\_\_

14.2. Name of the Full Registration Licensing Authority: \_\_\_\_\_

14.3. Date of Specialist Registration: \_\_\_\_\_

14.4. Name of the Specialist Registration Licensing Authority: \_\_\_\_\_

**15. LETTER OF GOOD STANDING:\***

15.1. Name of Licensing Authority: \_\_\_\_\_

15.2. Date Issued: \_\_\_\_\_

15.3. Expiry Date: \_\_\_\_\_

**16. WORKING EXPERIENCE AFTER GRADUATION:\***

<i>NO.</i>	<i>APPOINTMENT</i>	<i>PLACE</i>	<i>DATE / PERIOD</i>
16.1.			Date: From: ___ / ___ / ___ To: ___ / ___ / ___
			Period: ___ Years ___ Months.
16.2.			Date: From: ___ / ___ / ___ To: ___ / ___ / ___
			Period: ___ Years ___ Months.
16.3.			Date: From: ___ / ___ / ___ To: ___ / ___ / ___
			Period: ___ Years ___ Months.
16.4.			Date: From: ___ / ___ / ___ To: ___ / ___ / ___
			Period: ___ Years ___ Months.
16.5.			Date: From: ___ / ___ / ___ To: ___ / ___ / ___
			Period: ___ Years ___ Months.
16.6.			Date: From: ___ / ___ / ___ To: ___ / ___ / ___
			Period: ___ Years ___ Months.
16.7.			Date: From: ___ / ___ / ___ To: ___ / ___ / ___
			Period: ___ Years ___ Months.
16.8.			Date: From: ___ / ___ / ___ To: ___ / ___ / ___
			Period: ___ Years ___ Months.
16.8.			Date: From: ___ / ___ / ___ To: ___ / ___ / ___
			Period: ___ Years ___ Months.

Signature of applicant\*: \_\_\_\_\_ Date\*: \_\_\_ / \_\_\_ / \_\_\_

## CHECKLIST:

The following documents need to be submitted by Malaysian Citizens Completing Internship OUTSIDE Malaysia

1. Form 9 – Full Registration application form. **( 13 copies )**
2. A standard passport size photo.
3. A certified true copy of the basic medical degree.  
**(For Indonesian graduates – Please submit certified true copies of both the Sarjana Kedokteran and Ijazah Kedokteran degrees) (1 copy)**
4. Curriculum Vitae. **(1 copy)**
5. Curriculum Vitae of the applicant with regards to the work experience only (preferably type written). – **(13 copies)**
5. A certified true copy of the Full Registration certificate with the Medical Council /Licensing Authority in country of practice.
6. **A current and original Letter of Good Standing** from Medical Council/Licensing Authority in **previous/last** country of practice. **(1 copy)**
7. A certified true copies of the testimonials of the last three years working experience. **(1 copy)**
8. A certified true of copy *Senior Houseman Certificate* with postings specified. **(1 copy)**
9. A certified true copy of the birth certificate. **(1 copy)**
10. A certified true copy of the identity card or passport. **(1 copy)**
11. A certified true copy of a *Sijil Pelajaran Malaysia* certificate.  
(or offer/appointment letter) **(1 copy)**
12. A certified true copies of postgraduate degree(s), where applicable. **(1 copy)**
13. **For Indian university graduates ONLY** - Certified true copies of the:
  - a. Compulsory Rotating Houseman/Internship Certificate. **(1 copy)**
  - b. Bonafide Student Certificate. **(1 copy)**
14. Certified true copy of the medical report/sick leaves, if any. **(13 copies)**

# MALAYSIAN MEDICAL COUNCIL

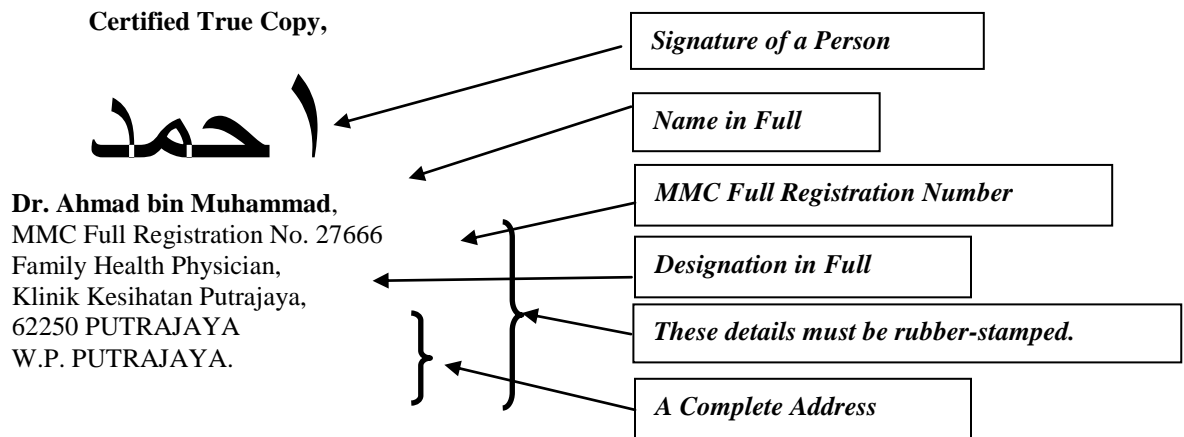
## GUIDELINES FOR DOCUMENT VERIFICATION

### Please take note:

- a. The following information is provided to assist you.
- b. Please read the information carefully before completing the application form.
- c. You are expected to observe and comply with ALL the terms and conditions stipulated herein.
- d. Not adhering to any of the requirements may result in undue and unnecessary delay in processing your application.
- e. The Malaysian Medical Council will NOT be held responsible for any delay due to your non-compliance with the terms and conditions set herewith.

1. A certified photocopy is considered **valid and acceptable** by the Malaysian Medical Council **only** if it bears the following criteria:
  - 1.1. The document/s **should** be signed by designated or authorized signatories as follows:
    - 1.1.1 Any public officials holding administrative and professional posts;
    - 1.1.2 Advocates and solicitors;
    - 1.1.3 Commissioner for Oaths;
    - 1.1.4 Notary public;
    - 1.1.5 Malaysian Embassy or Consulate officials holding administrative and professional posts; and
    - 1.1.6 Justice of Peace.
  - 1.2. **Every** certified documents **shall** bear all the following details:
    - a. The name of the person certifying in full;
    - b. In case of a medical practitioner registered with the Malaysian Medical Council (MMC), please include the MMC Full Registration number;
    - c. The designation of the person certifying in full;
    - d. The complete address of the person certifying;
    - e. The details must be rubber-stamped; and
    - f. A signature and not an initial.
  - 1.3. Documents certified by a Commissioner for Oaths must bear a seal prescribed under Rule 19 of the Commissioner for Oaths Rules, 1993 enacted under the Courts of Judicature Act, 1964.

2. Any certification which does not conform to para 1.1. and 1.2. will be considered **invalid and NOT accepted**.
3. Similarly, any document will be considered **invalid and NOT accepted** if:
  - a. It is certified by an individual on behalf of another person **without** his own details printed;
  - b. The signatures of the same individual are not similar or different.
4. An **example** of a **proper and valid** certification is as follows:



5. For further details or enquiries, please [contact us](#).

Your cooperation is greatly appreciated. Thank you.

Yours sincerely,

**Dr. Hj. Wan Mazlan bin Hj. Mohamed Woojdy,**  
 Secretary.

Dated: 14 September 2008.