



新加坡中医学院

新加坡中医医师公会主办

SINGAPORE COLLEGE OF TRADITIONAL CHINESE MEDICINE

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Photo

## GRADUATE DIPLOMA IN ACUPUNCTURE Application Form

### PERSONAL PARTICULARS

Name: (Chinese) (English) :

NRIC No.: MCR No.: Date of Birth (dd/mm/yyyy):

Gender: M / F \* Nationality: Marriage Status:

Mailing Address: Postcode:

Tel: (O) (H) Hp:

Email Address:

Title: Dr/Associate Professor/ Professor/Emeritus Professor\*

Name of Clinic/Institution:

Practice Address: Postcode:

Years of Practice:

Knowledge of TCM: Yes / No\* If yes, No. of Years:

### PROFESSIONAL QUALIFICATIONS

Basic Qualification: Country of Graduation:

Medical School/University:

Year of Graduation:

Postgraduate Qualifications:

Specialty:

Area of Practice:  Singhealth  NHG  Government  MINDEF  Academic  Private GP  
 Private Specialist  Others:

### OTHERS

How did you find out about us?

 Newspaper  College website  SMC Website  Recommendation  Email or Direct Mailer  
 Flyer  Online advertisement  Banner  Others:

Declaration by Application

- I hereby declare that all the particulars furnished by me in this application are true and correct. I authorize any investigation of the above information for the purpose of verification.
- I understand that the application fee is non-refundable and non-transferable.
- I agree to receive phone call, text and email from SCTCM. This consent overrides any registration with the DNC registry.
- I consent to all personal data provided in this application (including the photocopy of NRIC/Passport and education certificate to be used by Singapore College of Traditional Chinese Medicine Limited for the purpose of course administration.

I confirm that the above information provided is true and accurate to the best of my knowledge.

Signature:

Date:

### FOR OFFICE USE

Application Fee : Receipt No.:

Staff-in-charge : Date: