Division of Oral Pathology and Oral Medicine, Department of Oral and Maxillofacial Clinical Sciences,

Faculty of Dentistry, Universiti Malaya, 50603 Kuala Lumpur.

 Tel: +60379674807, mobile: +60163687805, email: aininadia@um.edu.my

APPLICATION FORM FOR FELLOWSHIP IN ADVANCED ORAL AND MAXILLOFACIAL PATHOLOGY (FAOMP)

Full Name: …………………….……………………………………………………………………………………………

(in BLOCK LETTERS as appear on your Identity Card/ passport)

Identity Card No/ passport no:………………………………………….. Organization:…………………………………….

Address (For Course Notification):

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date of Birth : |  |  |  |  |  |  |  |  |  |

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…………………………………………………………………………………………………………………………………………….……………Postcode:…………………..Town/state:…………………….Tel. No (Off):……………………………(H/P):…………………………….. Fax. No.:………………………………………….Email:……………………………………………………………………………….…………………

Degree or qualifications with dates and name of awarding authority (Please enclose a copy of **your degree and MDC/ registration from relevant authority**) :

|  |  |  |
| --- | --- | --- |
| **Degree** | **Year** | **Institution** |
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Working Experience:

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| **Post** | **Year** | **Organization** |
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I would like to register for the (Please tick) :

|  |  |  |  |
| --- | --- | --- | --- |
| **Programme** | **Fee** | **Date** | **(√)** |
| Fellowship in Advanced Oral and Maxillofacial Pathology (FAOMP)Local candidate (1 year) | RM90,000 |  |  |
| Fellowship in Advanced Oral and Maxillofacial Pathology (FAOMP)International candidate (6 months) | RM 40,000 |  |  |

# METHOD OF PAYMENT

Payment can be by **Cash/Cheque/Bank draft** made payable to **‘Bendahari Universiti Malaya’**

|  |
| --- |
| Cheque/Bank draft (Made payable to “BENDAHARI UNIVERSITI MALAYA”) Cheque No:………………… |
| Cash Amount RM: |

#  CANCELLATION POLICY

The fee for the course is non-refundable except if supported by a good reason. All requests for cancellation are to be made in writing to the course coordinator (Prof. Dr. WM. Tilakaratne, email: wmtilak@um.edu.my), one month before the commencement of the course.

All candidates entering for the course must support their application with the required documents.

Declaration: I hereby apply to be admitted to the FAOMP program commencing on: --------

I have read and understood the course regulations and understand the eligibility criteria. I now confirm that to the best of my knowledge all the information on this form is true.

 Signature of candidate: ……………………………………………………… Date : ………………………………………..…….

# FAOMP application form checklist:

Is your application complete? Please make sure that you have included the following (please tick):

|  |  |  |
| --- | --- | --- |
| 1 | MDC/ NSR number/ registration from relevant authority, plus the original or certified copies of your dental/medical degree and practicing registration document |  |
| 2 | Completed payment form with cheque details |  |
| 3 | Permanent address and telephone number |  |
| 4 | Signed and dated declarations |  |
| 5 | Passport sized photograph |  |

|  |  |
| --- | --- |
| Please return your completed form to: Fellowship in Advanced Oral and Maxillofacial Pathology Division of Oral Pathology and Oral Medicine,  Department of Oral and Maxillofacial Clinical Sciences,  Faculty of Dentistry, Universiti Malaya  50603 Kuala Lumpur Tel : +603-79674805 Email: aininadia@um.edu.my | For Office Use Only |
| Fee |  |
| No. Cheque |  |
| Bank |  |
| Date |  |