



Division of Oral Pathology and Oral Medicine, Department of Oral and Maxillofacial Clinical Sciences,  
 Faculty of Dentistry, Universiti Malaya, 50603 Kuala Lumpur.  
 Email : rmc\_dental@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:.....

Date of Birth :

Address (For Course Notification):

.....  
 .....

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

Working Experience:

Post	Year	Organization

**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: wmtlak@um.edu.my), one month before the commencement of the course.

All candidates entering for the course must support their application with the following 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 criterion. 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 correct 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 Email: rmc_dental@um.edu.my	<b>For Office Use Only</b>
	Date