

# **Academy of Medicine of Malaysia**



**APPLICATION FOR CANDIDATE MEMBERSHIP**

1. Title: \_\_\_\_\_

2. Name in full : \_\_\_\_\_  
(in **BLOCK** letter)

3. Home Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tel No: \_\_\_\_\_ Fax No: \_\_\_\_\_ E-mail: \_\_\_\_\_

4. Practice Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tel No: \_\_\_\_\_ Fax No: \_\_\_\_\_ E-mail: \_\_\_\_\_

5. Preferred mailing address : Home ☐ Office ☐

6. Date of Birth : \_\_\_\_\_

7. IC No. (Malaysian citizen) : \_\_\_\_\_

Citizenship and Passport No. (Non-Malaysian) : \_\_\_\_\_

8. Qualifications (please enclose certified true copies of certificates):

Diploma

Institution

Year

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. Present Appointment: \_\_\_\_\_

10. Past Appointments since date of basic degree (please state nature of position, duration of appointment and name of institution/place of practice)

Appointment

Date

Institution/Place of Practice

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please find enclosed:

☐ Cheque No: \_\_\_\_\_  
(in favour of Academy of Medicine of Malaysia)

RM \_\_\_\_\_

☐ Cash: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

## RECOMMENDATION OF COLLEGE

The Council of the College of \_\_\_\_\_  
recommends that \_\_\_\_\_  
has fulfilled all the membership admission criteria and be admitted as a candidate  
member of the Academy of Medicine of Malaysia and his / her name be listed as a  
candidate member of the College of \_\_\_\_\_

\_\_\_\_\_  
President

Name \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Hon Secretary

Name \_\_\_\_\_

Date \_\_\_\_\_

## OFFICE USE ONLY

Verified by Board of Censors

On \_\_\_\_\_

\_\_\_\_\_  
Chief Censor

Approved

on (date) \_\_\_\_\_

\_\_\_\_\_  
Master

# **ACADEMY OF MEDICINE OF MALAYSIA**

Unit 1.6, Level 1, Enterprise 3B  
Technology Park Malaysia (TPM)  
Jalan Inovasi 1, Lebuhraya Puchong – Sg Besi Bukit Jalil  
57000 Kuala Lumpur  
Tel: (603) 8996070/1700/2700      Fax: (603) 89664700  
Email: secretariat@acadmed.my

## **APPLICATION FOR CANDIDATE MEMBERSHIP**

### **BANK DETAILS**

The fees can be paid via online transfer / cheque / remittance to our account below:-

Account Name	: Academy of Medicine of Malaysia
Account No	: 8731 0377 3485
Bank	: Standard Chartered Bank Lot 4&5, Level G2 Publika Shopping Gallery Solaris Dutamas 50480 Kuala Lumpur Wilayah Persekutuan Kuala Lumpur

Kindly share with us a copy of the transaction slip for receipt issuance and record update.

### **Candidate Membership**

Please attach:

- Certified true copy of Basic Medical Degree(s)
- Letter of completion housemanship
- Supporting letter from Supervisor/Dean (Stating that you currently doing a training)
- Cash / Cheque / Online transfer for **RM100.00**. Annual subscription (RM100.00)