

**APPLICATION FORM FOR ELECTIVE POSTING  
IN THE MINISTRY OF HEALTH MALAYSIAN FACILITIES**

**NOTE:**

- a. Please fill **ALL** compulsory fields marked \*; and
- b. Please submit in **TWO** copies.

Personal  
Photo

**1. My Particulars:**

1.1 Name in full (as in NRIC or passport) \*:

1.2 a NRIC Number (for Malaysian): Old\*: \_\_\_\_\_ New\*: \_\_\_\_\_

b. Passport No\* (for Non Malaysians) : \_\_\_\_\_

1.3 Contact Number \*: \_\_\_\_\_ 1.4. Email Address: \_\_\_\_\_

1.5. Home Address \*: \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

1.6 Postal Address \*: \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

1.7 Next of Kin \*: \_\_\_\_\_

Address of Next of Kin \*: \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

**2. My Academic Background:**

2.1 Name and address of parent medical school\*: \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

2.2 Year of study \*: \_\_\_\_\_

2.3. Expected year of graduation \*: \_\_\_\_\_

2.4. Indicate briefly your clinical experience to date, if any:

Date	Disciplines	Duration

**3. The Particulars of Elective Posting Requested:**

3.1 Period of Elective Posting\*:

From\*/ ..... /..... To: ..... / ..... / ..... (Total = \_\_\_\_\_ weeks.)

(The total length of the posting should **not exceed six weeks**. The minimum time spend in any particular discipline **should not be less than three weeks**)

3.2 My Preferred Posting \*:

Please indicate not more than three disciplines in terms of preference:

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

**NOTE: The authority has the right to determine any postings without reference to your application.**

**4. Herewith I enclose:**

- a. Certified photocopy of **my identity card** (for Malaysian) or **passport (for foreigners)**; and
- b. Supporting document/s from the Dean.**

**5. Declaration:**

I do hereby solemnly declare that:

- a. All the particulars stated above are correct;
- b. I have read and understand the provisions regarding the elective posting and agree to abide by and be governed by all the rules now in effect or as announced hereafter from time to time; and
- c. I hereby agree to give an undertaking not to hold the hospital, clinic or the Ministry of Health responsible for any injury or mishaps sustained during the tenure of my posting.

Thank you

Signature of Applicant \*: ..... Date\*: ...../...../.....

Please complete this form and return to the respective State Health Department or Institution and attach a letter from your institution requesting for the elective posting.

For Office Use Only			
Discipline	Date	Supervisor	Hospital
	Fr to		
	Fr to		
	Fr to		

Signature:  
Name:  
Date:

**TO ALL MEDICAL STUDENTS ON ELECTIVE POSTING:****PLEASE NOTE THAT, THE ATTACHMENT IS SUBJECTED TO THE FOLLOWING CONDITIONS:-**

1. Accommodation and food will not be provided by the hospitals during the attachment, and the hospital will not be responsible for arranging accommodation.
2. Students will not receive any remuneration from the hospital.
3. Students will be subjected to the existing rules and regulation of the hospital and any other regulations that may be laid down by the hospital authority from time to time.
4. Students will be under the direct and personal supervision of the supervisor in the unit or section and will not take charge of or perform any tests without the direct supervision of the supervisor.
5. All information, statistical data, medical records evaluation protocol, quality controls etc, obtained during your clinical attachment are strictly confidential and shall not be used for publication.
6. The Hospital and the Malaysian government shall not be liable for any injury or any diseases contracted during the period of attachment.
7. Students are required to bring their Lab Coat and to wear them while attached in the hospital and a Security pass must be always be displayed.
8. Students are required to produce a letter from the Head of Program of the University certifying that they are from the University and the certificate must be produced when reporting to the Hospital Director.
9. Students should ensure that they have adequate means of support and funds and meet all expenses during their stay in this country, and to have the necessary clearance from the Immigration Authority. The Hospital shall not make any arrangement for securing students visas from them during the period of attachment but will certify that they are students on practical attachment with the hospital.
10. Students are advised to report to the Hospital Director of the hospital concerned on arrival for further arrangement.