

**ACT 50
FORM 9
(REGULATION 22)
MEDICAL ACT, 1971
[Section 14(1)]
MEDICAL REGULATIONS 1974
APPLICATION FOR FULL REGISTRATION**

1. Full name of applicant:
2. Provisional Registration Certificate No:
3. (a) Residential address:
.....
.....
(b) Address for postal communication (*if different*)
.....
.....
4. I attach the following documents in proff of having satisfied the requirement as to experience under Section 13 of the Medical Act
 - (a) Certificate under Section 13(2) of the Medical Act
 - (b) Certificate under Section 13(3) of the Medical Act
 - (c) Certificate of exemption issued under Section 13(6) of the Medical Act.

Date:.....

.....

Signature of applicant

-
- Delete whichever is inapplicable

**MAJLIS PERUBATAAN MALAYSIA
(MALAYSIAN MEDICAL COUNCIL)**

**Curriculum Vitae of Application
For Registration**



1. Full Name of Applicant:
(Block Letters)

2. Identity Card No:/Colour:..... 3. Date of Birth:.....

4. Citizenship: 5. Religion:.....

6. Present Address:

7. Tel. No:.....

8. Sex: 9. Marital Status:.....

10. If Married:

Name Of Spouse:
(Capital Letters)

11. Basic Medical Qualification:

11.1 Bonafide Student Of:
(Graduate from India, Pakistan and Bangladesh)

11.2 University Granting Qualification:

11.3 Description of Qualification:

11.4 Description of Qualification:

• Please fill up in two (2) copies:

Paid RM.....receipt no.:.....dated:.....

Provisional Registration No.:.....

Full Registration No.:.....

Please submit your application to:
The Secretary
Malaysian Medical Council
Ministry of Health
3rd Floor, Block 4
Jalan. Cendarasari
50590 Kuala Lumpur
(Att: Dr. Mohd Khairi Yaakub)
No. Tel: (603) 26985077 (Samb. 434/441)
No. Fak: (603) 26938569