

NAM ABROAD-CME FINANCIAL SUPPORT FORM

A) ABROAD FELLOWSHIP/TRAINING AT:

B) SUB/SPECIALITY:

C) DURATION:

D) PERSONAL DETAILS

Name:

Date of birth:

Age:

Gender:

IC Number:

Malaysian (yes/no):

Affiliation & Posting address:

Email address:

HP No:

Other Tel No:

E) QUALIFICATION LIST

Medical undergraduate degree (From which institution and year):

Postgraduate degree in Neurosurgery (From which institution and year):

Other qualified degrees:

F) NATIONAL SPECIALIST REGISTER (NSR)

NSR Date and Number:

G) WORKING EXPERIENCE AS A NEUROSURGEON

No.	State the institution/working place	Period

H) DETAIL ON BANK ACCOUNT:

Name of the Bank:

Account No:

I) Signature and date

(Date: _____)