

# SINGAPORE MEDICAL COUNCIL

16 College Road # 01-01 College of Medicine Building, Singapore 169854

General Enquiries: (65) 6372 3093 Fax: (65) 6258 2134 E-mail Address: [enquiries@smc.gov.sg](mailto:enquiries@smc.gov.sg)

## APPLICATION FOR CERTIFICATE OF GOOD STANDING (CGS)

**IMPORTANT NOTE:** Please complete **all** sections of the form. **Incomplete forms will not be processed.** Completed form must be submitted together with a processing fee of S\$80 (**non-refundable**) by cheque. Cheque should be crossed and made payable to the "SINGAPORE MEDICAL COUNCIL". The Council will need 1 week to process your application.

### MY PARTICULARS:

Name\* : \_\_\_\_\_

MCR Number\*: \_\_\_\_\_ NRIC / FIN Number\*: \_\_\_\_\_

Date of Birth\*: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Address\*: \_\_\_\_\_

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

Practice Name / Address: \_\_\_\_\_

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

*\*compulsory fields required*

**MY REQUEST:** I wish to apply for a Certificate of Good Standing for submission to the Council/Authority named below. (*Specify full name and address of Medical Council overseas. The original certificate will be sent directly to the Medical Council overseas.*)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Please send my certificate (tick appropriate box):

- By **ordinary** mail to address above.  By **registered** mail to above address. (*I have paid S\$10 for this service.*)  
 By self-collection<sup>1</sup>.  To my preferred mailing address<sup>1</sup>.

### Reason for my application (tick appropriate box):

- Emigrating to: \_\_\_\_\_  Returning to own country: \_\_\_\_\_  
(state country) (state country)
- Overseas Studies / Training (state country)  
\_\_\_\_\_
- Overseas Short Term Employment (state country)  
\_\_\_\_\_
- Others (please indicate and attach documentary proof) \_\_\_\_\_

I will depart on : \_\_\_\_\_ and expect to return by : \_\_\_\_\_  
(date in dd/mm/yyyy format)

***I declare that I have not been charged with any offence in a court of law in any country for which the outcome is not yet known.***

Date : \_\_\_\_\_ @Signature of Doctor: \_\_\_\_\_

<sup>1</sup> Please provide reason(s) for self collection. Do note that a fresh application for CGS & fee will be required if the requesting authority rejects the CGS submitted by the applicant directly.