



**PENANG  
MEDICAL COLLEGE**  
RCSI & UCD Irish Education  
Global Recognition



**APPLICATION FORM**

**Graduate Certificate in Obstetric Ultrasound**

**PERSONAL INFORMATION**

Name: (Dr/Mr/Ms)

\_\_\_\_\_  
(Please underline surname)

Sex:  Male  Female

NRIC / Passport No: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Citizenship: \_\_\_\_\_

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

Work Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Tel No.: \_\_\_\_\_

H/P No: \_\_\_\_\_

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

**EDUCATIONAL BACKGROUND**

School / College / University Attended	Name of Qualifications	Year Enrolled	Year Completed

Please give details for any additional Qualifications & Training:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ENGLISH PROFICIENCY**

GCE"O" Level /119 /English      Grade: \_\_\_\_\_      Date of test: \_\_\_\_\_

MUET      Grade: \_\_\_\_\_      Date of test: \_\_\_\_\_

IELTS      Overall Score: \_\_\_\_\_      Date of test: \_\_\_\_\_

Please give details of any alternative English Proficiency Test or English Education undertaken:

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**WORK EXPERIENCE**

Employer	Position Held	Years of service

Please give details for any additional Experience, Professional Accomplishments & Training:

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I hereby verify that all the information given in this application is correct.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CHECKLIST**

Application Procedure: this form should be completed and returned to:  
Dr Claire Lacey, Penang Medical College, 4 Jalan Sepoy Lines, 10450 Penang.  
[claire.lacey@pmc.edu.my](mailto:claire.lacey@pmc.edu.my)

The following should be enclosed:

- Examination records & certificates by school authorities and full transcript of any University Studies.
- Certified copy of Birth Certificate and Mykad
- Two recent passport-size photographs with your name written on the back