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| Malaysian Society of Haematology | |
| **Official Address:**  A-3-02, Block A, Oasis Square,  No 2, Jalan PJU 1A/7A,  Ara Damansara,  47301 Petaling Jaya  Selangor  Tel No  : +603-76112043  Fax No : +603-76112044  Email : mshoffice@haematology.org.my |  |

**REGISTRATION AS CLINICAL HAEMATOLOGY TRAINEE**

1. **TRAINEE’S PARTICULARS:**

Name [in block letters] :

I.C. No :

Institution :

Designation :

Address :

Tel : Home: Office:

Email :

1. **QUALIFICATION**

|  |  |  |
| --- | --- | --- |
| DEGREE | INSTITUTION | YEAR |
| MD/MBBS |  |  |
| M.MED / MRCP |  |  |
| Others [please specify] |  |  |

1. **PROPOSED TRAINING IN CLINICAL HAEMATOLOGY**

TRAINING CENTRE: 1] 2]

DATE COMMENCE:

SUPERVISORS: 1] 2]

Applicant’s signature: Date:

**STATUS OF APPLICATION [*FOR MSH USE ONLY]***

The application is: Approved Not approved

Date Commence :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Complete : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PROPOSED DATE OF EXIT EXAM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Training Committee

Chairperson Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_