### FORM 11

(Regulation 24)

### MEDICAL ACT 1971

(Section 20)

# **MEDICAL REGULATIONS 1974**

# APPLICATION FOR ANNUAL PRACTISING CERTIFICATE

1.	Full name of applicant (as in Medical Register)				
2.	Residential address.				
3.	(a) Address of principal place of practice				
	(b) Addresses of other places of practice				
4					
4.	<ul><li>(a) Full registration certificate No. (if any)</li></ul>				
	(c) Place of registration under any previous law				
5.					
6.	Particulars of *Money Order/Cheque which is attached:				
	(a) No				
	(c) Post Office/Bank & date				
Da	te:				
NC	OTES – Signature of applicant				
	This application should be addressed and submitted to –				
•	THE REGISTRAR OF MEDICAL PRACTITONER, MINISTRY OF HEALTH, LEVEL 2, BLOCK E1, PARCEL E FEDERAL GOVERNMENT ADMINISTRATIVE CENTRE FEDERAL TERITORY 62518 PUTRAJAYA  NOT later than the 1 <sup>st</sup> day of December.				
2.	The fee payable is RM50.				
3.	Where the application is made later than the 1st day of December, a late fee of RM50 is payable				

[To be completed in the case of medical office		rnment or a State				
Government or any of the Universities in Mala	.ys1a]					
I, (name)	(designation)					
hereby certify that the abovenamed applicant is employed as a medical officer in (state the						
name of the service)						
at (state place of service)						
Data						
Date						
	Signature of Local Head	l of Department				
For Officia	al Use Only					
A.P.C. No issued on						
*Fee of RM50 paid <i>vide</i> receipt No	dated					
* Exempted from payment of fee under regulat	tion 25.					
* Dalata whichey	var is inapplicable					

#### Detete whichever is inapplicable

#### **NOTE:**

- 1. Please fill the form in block letter completely and please make a copy for use future;
- 2. Please write your name and Identity Card Number behind the Postal Order/Bank Draft/Cheque;
- 3. Practitioners who are NOT yet fully registered are not eligible to apply for APC;
- 4. Practitioners need NOT apply for APC until 31st December of the first year of full registration;
- 5. For Foreign Practitioners, please attach a copy of your full registration; and
- 6. Please submit a certified copy of your resignation letter if you have just resigned from the government.

# **ADDITIONAL INFORMATION:**

1.	Name:					
2.	(a) Identity Card No.: New :					
	(b) Passport No. (for foreigner):					
3.	Citize	nship: Malaysian/If Others* (Please sta	te):			
4.	Date of Birth:					
6.	Race:	Malay/Chinese/Indian/Others*	7. Religion:			
8.	Telephone No. (Res.) (H/P)					
9.	Email address:					
10.	Qualification of Medical Degree:					
	10.1.	Qualification:				
	10.2.	Institution granting the qualification	ı:			
	10.3. Year obtaining the qualification:					
11.	Type	of practice: Sole-proprietor/Group/Gov	ernment*			
12.	Total Place of Practice (if more than one place of practice):places.					
13.	Practice Addresses and treatment times (please append attachment, if necessary):					
	13.1.	Address:				
		Day & Time:				
		Tel. No.:	. Fax No.:			
	13.2.	Address:				
		Day & Time:				
			. Fax No.:			
	13.3.	Address:				
		Day/Time:				
		Tel. No.:	Fax No.:			
Date	:					
			Signature of applicant			