The Basic Medical Sciences (BMS) course highlights subjects that are of importance to the clinical practice of dentistry. Candidates are strongly encouraged to attend the course in preparation for the Part 1 MDS Examination, conducted for the following specialties – Endodontics, Oral & Maxillofacial Surgery, Orthodontics, Periodontology or Prosthodontics.

**BASIC MEDICAL SCIENCES COURSE:**
- Date: 3 to 14 September 2007
- Time: 8.30 am to 6.00 pm

**PART 1 MDS EXAMINATION:**
- Date: 12 to 13 November 2007
- Date: 14 to 15 January 2008

Detailed timetable will be provided to registrants upon confirmation.

**EXAMINATION FORMAT:** (conducted in English)
1. One essay paper;
2. One multiple-choice question paper; and
3. Oral examinations on - Anatomy and Dental Anatomy  
   - Pathology including Microbiology  
   - Physiology including Biochemistry

**INFORMATION FOR CANDIDATES:**
1. Candidates must possess a degree in Bachelor of Dental Surgery or its equivalent.
2. As a reference to the standard of English language required, international applicants whose native tongue or medium of undergraduate instruction is not English should have minimum scores as follows: TOEFL – 580 (computer based score of 237 & above) or IELTS – 7.
3. A pass in the Part 1 MDS Examination is a pre-requisite for entry into the dental residency training programme leading to the Master of Dental Surgery.

**TO APPLY:**
Please complete application form attached and send it to:
- Attention: Ms Joanne Goh (BMS/ Part 1 MDS Exam)
- Division of Graduate Dental Studies, Faculty of Dentistry, National University of Singapore, Level 3 National University Hospital
- 5 Lower Kent Ridge Road, Singapore 119074.

Forms may also be downloaded from our website at http://www.dentistry.nus.edu.sg/ or obtained from the DGDS office. For further enquires, please contact Ms Joanne Goh at: Tel No. (65) 6772 4196, Fax No. (65) 6778 5742 or email: dengohsl@nus.edu.sg

**REGISTRATION DETAILS:**

<table>
<thead>
<tr>
<th></th>
<th>BMS course</th>
<th>Part 1 MDS exams</th>
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<tbody>
<tr>
<td>Registration Fees</td>
<td>S$1070.00</td>
<td>S$267.50</td>
</tr>
<tr>
<td>(inclusive of 7% GST)</td>
<td></td>
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<tr>
<td>Withdrawal</td>
<td>Refund (before closing date) will be subjected to 10% administrative fee. No refund after closing date.</td>
<td>No refund</td>
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<td>Late Fee*</td>
<td>S$20</td>
<td>Not Applicable</td>
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<tr>
<td>Closing Date</td>
<td>15 August 2007</td>
<td>15 October 2007</td>
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</tbody>
</table>

*Late registrations are subject to availability

30 Nov 2007
APPLICATION FOR BASIC MEDICAL SCIENCES COURSE &/or PART I MDS EXAMINATIONS

<Incomplete forms will not be processed. Application form should reach us before closing date.>

APPLICATION FOR (please indicate below)
- Basic Medical Sciences Course, September 2007 (S$1070 inclusive of 7% GST)
- Part 1 MDS Examinations, Nov 2007/Jan 2008 (S$267.50 inclusive of 7% GST)

(A) PERSONAL PARTICULARS

| Name (Write in BLOCK letters and UNDERLINE surname/family name) | Telephone No. |
| Home Address | Pager or Handphone No. (if any) |
| Correspondence Address | E-mail address: |
| Date of Birth (DD/MM/YYYY) | Place of Birth |
| Domicile (Country you live in permanently) | Passport/NRIC No: _________ |
| | S'pore pink | M'sia blue |
| | S'pore blue | M'sia pink |

(B) ACADEMIC QUALIFICATIONS (Please attached certified true copy of relevant certificates).

| From | To | Name & Location of Institution | Certificate/Diploma |

(C) WORKING EXPERIENCE

(Please list, in chronological order starting with your current job, the jobs you have held after obtaining your bachelor’s degree. Attach separate sheet if necessary)

| From (mth/yr) | To (mth/yr) | Name & Location of Firm/Organisation | Title/Position | Nature of work |

Signature of Candidate ____________________________
Name in Block Letters ____________________________
Date ____________________________

Payment Details: (please indicate below)

- Cheque/ Bank Draft
  * Please make cheque/bank draft to “National University of Singapore”. Write your name, “Division of Graduate Dental Studies”, and your chosen specialty (if applicable) on the reverse side of the cheque/bank draft.

| Cheque/Bank Draft No: ____________________________ | Master | Visa |

Name of cardholder: ____________________________
Card No: ____________________________
Expiry Date: ____________________________
Signature (as shown on card): ____________________________
Date ____________________________