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.

**BASIC MEDICAL SCIENCES COURSE:** Date: 4 to 15 September 2017  
Time: 8.30 am to 6.00 pm

**PART 1 MDS EXAMINATION:** Date: 14 to 15 November 2017

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  
- Microbiology  
- Physiology including Biochemistry

**INFORMATION FOR CANDIDATES:**
1. Candidates must possess a degree in Bachelor of Dental Surgery or its equivalent.
2. A pass in the Part 1 MDS Examination is a pre-requisite for application to the Oral & Maxillofacial Surgery and Orthodontics residency training programmes leading to the Master of Dental Surgery.
3. With effect from the 2016 MDS Examinations, candidates are eligible to retain passes under the following conditions:
   - Credits for subjects passed will be given to candidates who pass a minimum of 2 subjects on the first attempt.
   - Retention of credits is valid for a maximum period of 2 years from the first attempt.
   - During this period of 2 years, candidates must retake and pass the remaining subjects within one diet of the Part 1 MDS Exam

**TO APPLY:**
Please complete the attached application form and send it to:  
Attention: Officer In Charge (BMS/Part 1 MDS Exam)  
Division of Graduate Dental Studies, Faculty of Dentistry,  
National University of Singapore,  
11 Lower Kent Ridge Road, Singapore 119083.

Forms may also be downloaded from our website at http://www.dentistry.nus.edu.sg/ or obtained from the DGDS office. For further enquiries, please contact at: Tel No. (65) 6772 5343/ 5258, Fax No. (65) 6779 6520 or email: denbox2@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><strong>Registration Fees</strong></td>
<td>S$1200.00</td>
<td>S$300.00</td>
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<td>(inclusive of 7% GST)</td>
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<td><strong>Withdrawal</strong></td>
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<td>Refund (before closing date) will be subjected to 15% administrative fee. No refund after closing date.</td>
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<tr>
<td><strong>Closing Date</strong></td>
<td>18 August 2017</td>
<td>29 September 2017</td>
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APPLICATION FOR BASIC MEDICAL SCIENCES COURSE &/or PART 1 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 2017 (S$1200 inclusive of 7% GST)
- Part 1 MDS Examinations, Nov 2017 (S$300.00 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 | S’pore blue | 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 (Indicate Department) | 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, and "BMS" or "Part 1 MDS Exam" on the reverse side of the cheque/bank draft.

  Cheque/Bank Draft No: ________________________

  For the sum of: ________________________

- **Master**
  Name of cardholder: ________________________

  Card No: ________________________

  Expiry Date: ________________________

  Amount: ________________________

  Signature (as shown on card): ________________________

- **Visa**

  "Visa"