BASIC MEDICAL SCIENCES COURSE & PART I MDS EXAMINATIONS

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 I MDS Examination, conducted for the following specialties – Endodontics, Oral & Maxillofacial Surgery, Orthodontics, Periodontology or Prosthodontics.

BASIC MEDICAL SCIENCES COURSE:
Date: 4 to 15 September 2006
Time: 8.30 am to 6.00 pm
(Detailed timetable will be provided upon registration.)

PART I MDS EXAMINATIONS:
Date: 13 to 14 November 2006
(Detailed timetable will be provided at a later date.)

EXAM FORMAT: (Examinations are conducted in the English medium.)
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 (exemption- NUS graduates and native English speakers from the G7 countries) should have minimum TOEFL score of 580.
3. A pass in the Part I MDS Examination does NOT guarantee a place in the residency training programmes.

TO APPLY:
Please complete application form attached and send it to:
Attention: Ms Patricia Wong (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 Patricia Wong at: Tel No. (65) 6772 4158, Fax No. (65) 6778 5742 or email: denwyk@nus.edu.sg

REGISTRATION FEES

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<tr>
<th></th>
<th>BMS course</th>
<th>Part 1 MDS exams</th>
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<tr>
<td>Fees (inclusive of 5% GST)</td>
<td>S$1029.00</td>
<td>S$262.50</td>
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<td>Withdrawal</td>
<td>Refund (before closing date) will be subjected to 10% administrative fee. No refund after closing date.</td>
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<td>Late Fee*</td>
<td>S$20</td>
<td>Not Applicable</td>
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<td>Closing Date</td>
<td>15 August 2006</td>
<td>15 October 2006</td>
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*Late registrations are subjected to availability

PAYMENT
1. Please make crossed cheque/bank draft payable to –“NATIONAL UNIVERSITY OF SINGAPORE”

METHOD:
Please write your name and “Division of Graduate Dental Studies” on the reverse side of the cheque/bank draft. Include your specialty if applicable.

OR 2. Payment by Mastercard/Visa
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 2006 (S$1029 inclusive of 5% GST)
- Part 1 MDS Examinations, Nov 2006 (S$262.50 inclusive of 5% GST) (Please choose only ONE specialty from list below.)
  - [ ] Endodontics
  - [ ] Orthodontics
  - [ ] Oral & Maxillofacial Surgery
  - [ ] Periodontology
  - [ ] Prosthodontics

(A) PERSONAL PARTICULARS
Name (Write in BLOCK letters and UNDERLINE surname/family name)
Dr/Mr/Mrs/Mdm/Miss

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<th>Place of Birth</th>
<th>Domicile (Country you live in permanently)</th>
<th>Passport/NRIC No: _________</th>
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(B) ACADEMIC QUALIFICATIONS (Please attached certified true copy of relevant certificates).

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<th>From</th>
<th>To</th>
<th>Name &amp; Location of Institution</th>
<th>Certificate/Diploma</th>
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(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)

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<th>To (mth/yr)</th>
<th>Name &amp; Location of Firm/Organisation (Indicate Department)</th>
<th>Title/Position</th>
<th>Nature of work</th>
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Signature of Candidate

Name in Block Letters

Date

Payment Details: (please indicate below)

- [ ] Cheque/ Bank Draft
  * Please write your name, “Division of Graduate Dental Studies”, and your chosen specialty (if applicable) on the reverse side of the cheque.

  Cheque No: ________________________________

  For the sum of: ________________________________

- [ ] Master

  Name of cardholder: ________________________________

  Card No: ________________________________

  Expiry Date: ________________________________

  Signature (as shown on card):

  ________________________________ Date