

BASIC MEDICAL SCIENCES COURSE & PART 1 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 1 MDS Examination**.

BASIC MEDICAL SCIENCES COURSE: Date: 6 to 17 September 2021
Time: 8.30 am to 6.00 pm

PART 1 MDS EXAMINATION: Date: **9 to 10 November 2021**

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
 - 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** residency training programme 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

Please note that this will be the final run of our Basic Sciences Course and Part 1 MDS Exam. We will no longer be conducting them from 2022.

TO APPLY: Please complete the attached application form and send it to:

Officer-in-charge (BMS/Part 1 MDS Exam)
Division of Graduate Studies, Faculty of Dentistry,
National University of Singapore,
9 Lower Kent Ridge Road
#10-01, National University Centre for Oral Health
Singapore 119085

Forms may also be downloaded from our website at <http://www.dentistry.nus.edu.sg/> or obtained from the DGS office. For further enquires, please contact at: Tel No. (65) 6772 5258, or email: denaaa@nus.edu.sg

REGISTRATION DETAILS:

	BMS course	Part 1 MDS exams
Registration Fees (inclusive of 7% GST)	S\$1200.00	S\$300.00
Withdrawal	Refund (before closing date) will be subjected to 15% administrative fee. No refund after closing date.	No refund
Closing Date	13 August 2021	24 September 2021

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)				
<input type="radio"/> Basic Medical Sciences Course , September 2021 (S\$1200 inclusive of 7%GST) <input type="radio"/> Part 1 MDS Examinations , Nov 2021 (S\$300.00 inclusive of 7% GST)				
(A) PERSONAL PARTICULARS				
Name (Write in BLOCK letters and UNDERLINE surname/family name) Dr/Mr/Mrs/Mdm/Miss				
Home Address		Telephone No.		
		Handphone No.		
		E-mail address:		
Correspondence Address		Fax No.		
Date of Birth (DD/MM/YYYY)	Place of Birth	Domicile (Country you live in permanently)	Passport/NRIC No: _____ <input type="checkbox"/> S'pore pink <input type="checkbox"/> M'sia blue <input type="checkbox"/> S'pore blue <input type="checkbox"/> 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
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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

Visa

AMEX

Name of cardholder: _____

Card No: _____

Expiry Date: _____

Amount: _____

Paynow to UEN: 200604346E

Under reference to indicate:
2021BMSPART1Dxxxxxx (DCR number) . If you do not have your DCR No. please input your last name
 Upon payment, please submit a screenshot of the payment to Officer-in-charge

Signature (as shown on card): _____

_____ Date