

Application for Edmund Tay Mai Hiong Graduate Scholarship in Dental Sleep Medicine and Orofacial Pain

Please complete Part I and submit with application materials to the Graduate Office, Faculty of Dentistry by the given deadline.

PART I – To Be Completed by Applicant	
A. Applicant's Particulars	
Name (please underline family name)	Gender
Date of Birth	Place of Birth
Citizenship	Singapore Permanent Resident (Yes/No)
NRIC No.	Passport No.
Race	Religion
Marital Status	Are you residing in Singapore? <input type="checkbox"/> Yes <input type="checkbox"/> No
Present NUS Appointment & Staff Number	Period of Present Contract in NUS (if applicable) From _____ To _____
Email Address	Contact Numbers Mobile _____ Other _____
Next of Kin	Relationship
Email Address	Contact Numbers Mobile _____ Other _____
Have you broken any bond, left an employer without serving your period of moral obligatory service, or are you currently serving any bond or moral obligatory service*? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details:	How did you know about the ETMH Graduate Scholarship? <input type="checkbox"/> NUS Website <input type="checkbox"/> Others (please indicate):

B. Proposed Programme of Study(Please list the institutions that you have applied to, in order of preference, and indicate the status of your applications.)

Institution of Study, City, Country	Programme Start & End Dates	Application Status

C. Financial Assistance from Other Sources

Financial assistance received from outside NUS for the programme of study:

☐ Yes (please provide details below and attach relevant correspondence)
 ☐ No

Source(s)	Breakdown of Items & Amount	Application Status

* Includes bonds associated with scholarships or obligatory service related to training awards or no-pay leave, etc.

D. Reasons for Applying for the ETMH Graduate Scholarship in Dental Sleep Medicine and Orofacial Pain

E. Checklist of Application Requirements

- ☐ Latest curriculum vitae (which should include details on any teaching experience at undergraduate and above levels of studies) and publication list;
- ☐ DMD, DDS or BDS degree. A personal statement including explanation of interest in this program;
- ☐ A proposal of a list research topic(s) which he/she intends to pursue, with a minimum of a half-page write-up on the details of each proposed topic;
- ☐ A copy of each of the detailed results/transcripts of the following examinations: DDS or BDS degree;
- ☐ A copy each of the following certificates:
 - DMD, DDS or BDS degree
- ☐ International applicants: TOEFL or IELTS test score (exemptions are available);
- ☐ A copy of the letter of acceptance into a postgraduate course or research program on Dental Sleep Medicine and Orofacial Pain;
- ☐ A completed NUS Personal Data Consent for Job Applicants, for applicants who are not staff of NUS at the point of application;
- ☐ A minimum of 2 confidential referees' reports, to be sent directly to the Graduate Studies Office (Attn: **Ms. Chew Poh Hong (dencph@nus.edu.sg)** by email and
- ☐ Any other supporting documents (please indicate)

F. Declaration

I declare that the information provided are true, accurate and complete to the best of my knowledge, and I had not been the subject of any disciplinary action before. Any misrepresentation or omission of information will be grounds for withdrawal of the Scholarship awarded.

Signature of Applicant:

Date:

PART II – To Be Completed by Head of Department

- | | | |
|---|-----|----|
| A. Application is supported | Yes | No |
| B. Reasons/Comments, if application is supported: | | |

**Reviewed by Vice Dean, Graduate Studies
and Lifelong Learning : <Name>**

Date:

PART III – To Be Completed by Dean of Faculty

- A. Application is supported ☐ Yes ☐ No
- B. Reasons/Comments, if application is supported:

Reviewed by Dean: <Name>

Date: