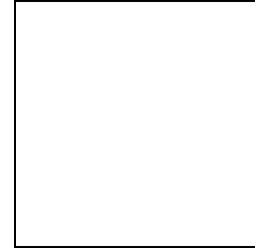


**BAHAGIAN
PENGURUSAN
HOSPITAL UMUM
SARAWAK**



MEDICAL STUDENT ELECTIVE POSTING FORM

Name:			
Nationality			
Date of Birth:		I.C / Passport No:	
Name of University / College / Institution:			
Home Address:			
Year of Commencement / Level		Telephone Contact (Malaysian only)	
Email Address:			

- 1. Please list the name of the preferred discipline and make sure the period or date of commencement is specific & stated accordingly.**
- 2. No changes of discipline are allowed once the attachment letter is issued unless the department concerned cannot accommodate.**

NO.	DISCIPLINES	DURATION		WEEK(S)
		FROM	TO	

I agree to comply with all the rules and conditions pertaining to elective posting as stipulated in **Circular of Director General of Health, 16/2008** and **Appendix A** as attached.

.....

SIGNATURE

.....

DATE