



# MRCGP [INT] SOUTH ASIA Examiner-ship Application Form

## PERSONAL DETAILS

Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*Dr/Prof/*

Specialty: \_\_\_\_\_ Sub Specialty Interest: \_\_\_\_\_

Licensing Authority: \_\_\_\_\_ License Number: \_\_\_\_\_

Residential Address: \_\_\_\_\_  
 \_\_\_\_\_

Res Phone: \_\_\_\_\_ Res Email ID: \_\_\_\_\_

Work Address (clinic or hospital): \_\_\_\_\_  
 \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Email ID: \_\_\_\_\_

Work Fax : \_\_\_\_\_ Mobile: \_\_\_\_\_

## EDUCATIONAL QUALIFICATION

**Qualifications Obtained (including degrees, diplomas, professional examinations). Attach evidence of all qualifications**

Exam/Qualification	Grade	Year	Exam/Qualification	Grade	Year

**HOSPITAL AND MEDICAL APPOINTMENTS**  
*(current appointment on top and then those relevant to your application)*

Name and Address	Position held	Dates		Specialty
		From	To	

TRAINING/TEACHING/EXAMINING/EDUCATION EXPERIENCE	DATES

## PERSONAL STATEMENT

Please explain why you are interested in becoming an examiner and what qualities you would bring to the position.  
Where possible, please cite evidence of your commitment.  
(Maximum 250 words)

## REFEREES:

Please provide names of 2 referees for an independent view on how you meet the eligibility criteria and the person specification.

1 <sup>ST</sup> REFEREE	2 <sup>ND</sup> REFEREE
Contact Name:	Contact Name:
Designation:	Designation:
Employing Organisation:	Employing Organisation:
Address:	Address:
Contact Numbers (Office & Mobile):	Contact Numbers (Office & Mobile):
Fax Number:	Fax Number:
E-mail address:	E-mail address:

## INFORMATION TO EMPLOYER (IF APPLICABLE)

Due to the time spent away from the employing organisation during the examinations, the potential examiner will inform his/her employer / department Head of the application to become an examiner of the MRCGP [INT] South Asia exam and list this commitment in his/her job plan.

- I confirm that I have informed my employer / Department Head of my application to become an examiner for the MRCGP [INT] South Asia exam.

Name of Employer / Department Head: \_\_\_\_\_

Signature & Stamp of the Employer / Dept Head: \_\_\_\_\_

## UNDERTAKING BY THE APPLICANT

I confirm that I will, if appointed, honour MRCGP [INT] South Asia examination commitments faithfully and will not divulge any confidential information / material gained during the examination workshops and the exams itself. I also accept that any proven violation of breach of confidentiality will result in my removal from the panel of examiners.

I understand that if I am appointed, my personal data will be used for personnel / administrative purpose.

I certify that I conform to the eligibility criteria and that the information provided in the application form is correct to the best of my knowledge.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Please direct all queries / correspondence to:**

**Waseem Hameed**  
Senior Manager  
MRCGP [INT] South Asia Office  
906 Fortune Centre, PECHS Block 6  
Main Shahrah e Faisal  
Karachi.  
Pakistan  
Tel: 92 21 3432 2423  
+92 3000 50 49 06 (office hours only)  
Email: [mrcgp.southasia@hotmail.com](mailto:mrcgp.southasia@hotmail.com); [mrcgp.southasia@gmail.com](mailto:mrcgp.southasia@gmail.com)

### For official use:

<b>Application Receiving Date:</b>	<b>Criteria Met</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Date of Acknowledgement to the candidate:</b>
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