



MRCGP [INT] SOUTH ASIA Examiner-ship Application Form

PERSONAL DETAILS

Name: _____

Title: _____ Date of Birth: _____
Dr/Prof/

Specialty: _____ Subspecialty 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 ST REFEREE	2 ND 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
COO
MRCGP [INT] South Asia Office
+92 3000 50 49 06 (office hours only) WhatsApp
Email: mrcgp.southasia@hotmail.com; mrcgp.southasia@gmail.com

For official use:

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