

Batch: 2026

PLEASE USE BLOCK LETTERS
PERSONAL AND CONTACT INFORMATION

EDUCATION AND TRAINING

9. **Year of Graduation:**

10. **Number of years of practice:**

11. **Licensing / Registration authority:**

12. **License / Registration number:**

Declaration:

1. I confirm that the information provided on this application form is complete, true and accurate.
2. I understand and agree that if the provided details are not complete, my application may not be accepted.
3. I agree and understand that my personal data may be used in a compiled form for statistical and research related purpose by the MRCGP [INT.] South Asia Board.
4. I understand that submitting the application does not guarantee a slot.
5. I understand and confirm that attending the course does not guarantee success in the MRCGP [INT.] South Asia examination and the MRCGP [INT.] South Asia Board shall not be held liable in any manner.

Signature: _____

Full name: _____
(please write your name by hand)

Date: _____

For official use:

Application Receiving Date: _____

Remarks (if any): _____

Signature: _____ Date: _____