APPLICATION FORM
for Part 1 Examination

Please fill in either electronically or legibly by hand in block letters and send with the correct application fee (as below) to an MRCGP[INT]-accredited body in South Asia or to the South Asia Secretariat (see the Application Guide).

PERSONAL AND CONTACT INFORMATION

1. Candidate ID number:
   (If you do not have a 7-digit candidate ID number, a new ID number will be assigned to you and sent to you by email. Please make a note of it and quote in on your exam papers and in all correspondence.)

2. Last Name (surname):

3. Usual Forename(s):

4. Full name as you would like it to appear on record

5. Residential address:
   (house no. and street or P.O.Box)
   (district)
   (city)
   (province/region)
   (country)

6. Other contact details:
   Home telephone:
   (in full international format)
   +( )
   (country code, region/city code, tel.no.)
   Work telephone:
   (in full international format)
   +( )
   (country code, region/city code, tel.no.)
   E-mail:
   (please enter CLEARLY a valid personal email address that you regularly check, as most correspondence and important announcements are communicated to candidates by email).

MRCGP[INT] EXAMINATION HISTORY

7. Dates of all Part 1 exams taken previously:
   (dd/mm/yyyy)
EDUCATION AND TRAINING

8. Name and location of Medical School graduated from: ____________________________________________

9. Date of qualification: ____________________________________________

10. Country of postgraduate clinical experience: ____________________________________________

11. Country of ethnic origin: ____________________________________________

12. Registration authority: ____________________________________________

13. Registration number: ____________________________________________

14. Date of full registration: ____________________________________________

ELIGIBILITY

15. I am eligible to apply for the MRCGP [INT] South Asia Examination under the following criterion – please choose at least ONE:

   a. I have satisfactorily completed a structured two year training course or a two year diploma in family medicine as recognised by the MRCGP [INT] South Asia Board (certificates of experience and references attached).

   b. I have satisfactorily completed a structured one year training programme / diploma in family medicine as recognised by the MRCGP [INT] South Asia Board (certificates of experience and references attached) along with a further 2 years of clinical experience.

   c. I have completed a minimum of five years of clinical experience of which a minimum of three years has been in family medicine.

16. Please choose below the examination centre where you would like to take the Part 1 examination. All candidates will be assigned to an examination centre of their choice.

   □ Colombo   □ Chennai   □ Dhaka   □ Jeddah   □ Karachi   □ Delhi   □ Lahore

NOTE: Changing your exam centre preference is only possible in exceptional circumstances. Requests after the registration closing deadline may not be accommodated.
CANDIDATE’S STATEMENT

I hereby apply to sit the MRCGP [INT] South Asia Examination, success in which will allow me to become an International Member of the UK’s Royal College of General Practitioners. I have read and agree to abide by the conditions set out in the MRCGP [INT] South Asia Examination Rules and Regulations as published on the MRCGP [INT] South Asia website: www.mrcgpintsouthasia.org

I understand that success in the two modules of the South Asia MRCGP [INT] examination does not automatically make me an International Member of the RCGP, and that I must apply to register with the RCGP as an International Member before I am allowed to refer to myself as “MRCGP [INT]”.

I understand that “MRCGP [INT]” stands for “Member of the Royal College of General Practitioners [International]” and the title is subject to remaining a Member in Good Standing, which involves continuing annual membership subscription and adhering to the RCGP values and philosophy.

If accepted for International Membership, I undertake to continue approved postgraduate study while I remain in active general practice, and to uphold and promote the aims of the College to the best of my ability.

I attach the following:

a. A photocopy of my qualification and registration documentation.

b. One passport-size photograph endorsed by your department head / supervisor / MRCGP [INT] graduate.

c. Job experience certificates / private practice certificates etc to prove that you fulfil the eligibility criteria.

d. A UK pounds sterling made payable to “MRCGP [INT] South Asia”.

Signature: ____________________________________________________________

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

Date: __________________________________________________________________

For official use:

Application Receiving Date: ____________________________________________

Eligibility Criteria Met: Yes ☐ No ☐

Application approved under Eligibility criteria: A ☐ B ☐ C ☐

Name of the approving person: __________________________________________

Signature: _____________________________ Date:________________________