APPLICATION FORM
For the South Asia MRCGP [INT] Part 2 (OSCE) Examination

Please fill in either electronically or legibly by hand in block letters
and send with the correct application fee (as announced on the MRCGP [INT] South Asia website)
to the MRCGP [INT.] South Asia Admin Office or the Regional Office
(See the Application Guide).

PERSONAL AND CONTACT INFORMATION

1. Candidate ID number: (Please quote it 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/town/village)
   (province/region)
   (country)

6. Other contact details:
   Home telephone: +(       )
   (country code, region/city code, tel. no.)
   Work telephone: +(       )
   (country code, region/city code, tel. no.)
   E-mail: (mandatory)
   (Please PRINT CLEARLY and LEGIBLY a valid personal email address that you regularly check, as most correspondence and important announcements are communicated to candidates by email. If you do not supply your email address, you may NOT receive registration confirmation and your result!)

7. Date of passing Part 1 exam (date/month/year):

8. Dates of all Part 2 exams taken previously (date, month, year):

Staple here
ONE recent passport-size photo
EDUCATION AND TRAINING

9. Name and location of Medical School graduated from:

________________________________________________________________________

10. Date of qualification:

________________________________________________________________________

11. Country of postgraduate clinical experience:

________________________________________________________________________

12. Country of ethnic origin:

________________________________________________________________________

13. Registration authority:

________________________________________________________________________

14. Registration number:

________________________________________________________________________

15. Date of full registration:

________________________________________________________________________

OSCE SESSION

16. The OSCE exam will take place over 6 days (March 10 – 12 & 14 - 16, 2019). If you have a preference (e.g. for travel purposes) for a particular day, please indicate below your preferred choice:

Preference Date 1: ____________________________

Preference Date 2: ____________________________

Preference Date 3: ____________________________

PLEASE NOTE:

- **THE NUMBER OF PLACES IS LIMITED, AND SLOTS WILL BE ALLOCATED ON THE “FIRST COME FIRST SERVED” BASIS.** Your application may be rejected because of a large number of applicants and you may be invited to apply again or offered a slot at a subsequent examination. **Priority will be given to applicants from South Asia and those applications that reach us first, so we encourage you to apply as soon as possible.**

- **WHILST WE WILL TRY TO ACCOMMODATE YOUR PREFERENCE, IT MAY NOT BE POSSIBLE DUE TO A LARGE NUMBER OF APPLICANTS.**

- Please email us well in advance if you require a letter of invitation for visa purposes and make sure you complete all travel formalities in good time (visa applications, travel permits, leaves, etc.) No Refunds will be granted in case any candidate fails to get the visa prior to the exam date.

The MRCGP [INT] South Asia Secretariat will notify you by email of your allocated date and time at least two weeks before the exam starting date.
CANDIDATE’S STATEMENT

I hereby apply to sit the South Asia MRCGP [INT] Part 2 (OSCE) Examination, success in which will allow me to apply for International Membership of the UK’s Royal College of General Practitioners. Detailed information on the membership application process can be found on the RCGP website:


I have read and agree to abide by the conditions set out in the South Asia MRCGP [INT] Examination Rules and Regulations as published on the MRCGP [INT] South Asia website:

www.mrcgpintsouthasia.org

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

I understand that, on being accepted for International Membership, an annual subscription fee is to be payable to the RCGP. I understand that only registered International Members who maintain their RCGP subscription are entitled to use the post-nominal designation “MRCGP [INT]”. Success in the exam does not give me the right to refer to myself as MRCGP [INT].

I attach a banker’s draft made payable to “MRCGP [INT] South Asia”, for £520.

I also understand and agree that my personal data will be handled by the MRCGP [INT] South Asia Board and I also give permission for my personal data to be handled by the regional MRCGP [INT] South Asia co-ordinators.

Signature: ____________________________________________________________

Full name: ____________________________________________________________

(Please write by hand)

Date: __________________________________________________________________