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| --- | --- | --- | --- |
| Name *(as in IC - please print)* |  | | |
| Identity Card number |  | AFPM Membership number: | |
| Gender (M/F) |  | Years of service : | |
| Address (home) |  | | |
| Address (practice) |  | | |
| Preferred mailing address: |  | | |
| **Email Id** *(compulsory information)* |  | | |
| Telephone (mobile) |  | Telephone (practice) |  |
| Qualification (basic) |  | Awarding inst: |  |
| Qualification / training  (postgraduate) |  | Awarding inst: |  |
| Please briefly describe your previous training:  1.  2.  3. | | | |
| Payment enclosed :  Total**: RM 500.00** (for repeat candidates only)  **(Cheque/Bankers Cheque to be made payable to “Academy of Family Physicians of Malaysia”)** | Cheque number / details :  Cash Bank In : Ambank: **001-201-010182-0**  Academy of Family Physicians of Malaysia | | |
| Signature: |  | | Date: |

**Registration Form**

Please register me for the ATFM Eligibility Exam – August 2020

*Please complete and return (email, fax or post) to Workshop Secretariat as below:*

*Attn: Ms Mala (mala@afpm.org.my)*

*Academy of Family Physicians of Malaysia, Unit 1.5, Level 1, Enterprise 3B, Technology Park Malaysia*

*Jalan Innovasi 1, Lebuhraya Puchong- Sg Besi , 57000, Bukit Jalil, KL*

*Tel : 03 – 89939176 / 9177 Fax: 03 – 89939187*