

**SENARAI SEMAK BORANG PENDAFTARAN PENUH DAN  
PENEMPATAN PEGAWAI PERUBATAN GRED UD41**

**NAMA :** \_\_\_\_\_

**NO. KAD PENGENALAN :** \_\_\_\_\_

<b>BIL</b>	<b>PERKARA</b>	<b>CATATAN</b>	<b>TANDAKAN (v)</b>
1	Pemakluman dari MMC Permohonan Perakuan Pendaftaran Penuh	1 salinan	√
2	Borang UD 2A - Borang Permohonan Pegawai Perubatan Gred UD41 (Kontrak) SelepasTamat Latihan Siswazah	1 salinan	
3	Resit Rasmi Bukti Pembayaran (print dari sistem MeRITS MMC )	1 salinan	
4	Borang 7 - beserta gambar dilekatkan	1 salinan	
5	Borang Fitness To Practise Declaration	1 salinan	

**Saya mengambil maklum dokumen Bil 2 & 3 perlu dihantar ke Bahagian Sumber Manusia dalam tempoh sepuluh (10) hari pertama semasa latihan di Penempatan Keenam. Sebarang kelewatan mengemukakan dokumen di atas adalah tanggungjawab sendiri.**

***\*Bahagian Sumber Manusia tidak akan bertanggungjawab sekiranya dikenakan penalti oleh MMC akibat kelewatan mengemukakan dokumen di atas.***

**Tandatangan Pegawai,**

**Diterima oleh,**

.....

**Nama :**

.....

**Nama :**

**Tarikh :**

**Tarikh :**

# **Pemakluman Permohonan Perakuan Pendaftaran Penuh bagi Pengamal yang Menjalani Latihan Siswazah di Malaysia melalui Sistem MeRITS**

Adalah dimaklumkan bahawa semua pengamal perubatan berdaftar sementara yang telah selesai menjalani latihan siswazah di Malaysia perlu memohon untuk mendapatkan Perakuan Pendaftaran Penuh melalui sistem pendaftaran atas talian iaitu *Medical Register and Information System (MeRITS)* (<http://meritsmmc.moh.gov.my>). Pengamal sendiri adalah bertanggungjawab untuk mendaftar masuk, mengemaskini serta mengisi maklumat permohonan dengan lengkap melalui sistem tersebut.

Semua dokumen penting yang dimuatnaik haruslah diperakukan terlebih dahulu mengikut garis panduan yang telah ditetapkan. (Nota: Sila rujuk garis panduan *MMC Guideline for Document Verification*: <https://mmc.gov.my/wp-content/uploads/2019/11/Guideline-doc-verify.pdf>)

Namun bagi memastikan ketelusan dan ketepatan maklumat, pihak hospital latihan siswazah yang berkenaan bertanggungjawab menyerahkan dokumen-dokumen berikut secara terus kepada pihak MPM:

1. **Borang 8 (Certificate of Experience in a Resident Medical Capacity)**
2. **Borang A (Certificate of Completion of Training) dari setiap jabatan**
3. **Dokumen-dokumen sokongan yang berkaitan dengan latihan siswazah (jika perlu)**
4. **Surat Arahan Perlanjutan**
5. **Salinan sijil cuti sakit**
6. **Laporan Perubatan (jika cuti sakit melebihi 4 hari)**
7. **Penjelasan cuti berlebihan/ tidak hadir bertugas/ jarak dalam tempoh latihan**
8. **Surat Arahan Pertukaran Hospital**

Ingin ditegaskan bahawa MPM tidak akan bertanggungjawab sekiranya proses permohonan pendaftaran penuh pengamal tergendala disebabkan permohonan tidak lengkap atau lewat diterima dari pihak pengamal mahupun hospital.

Sijil Perakuan Pendaftaran Penuh yang telah lengkap diproses boleh dimuat turun dan dicetak sendiri melalui sistem tersebut dimana cetakan tersebut adalah sah untuk digunakan di sisi undang-undang.

Untuk sebarang maklumat lanjut boleh berhubung dengan Unit Pendaftaran Penuh (Warganegara) melalui aplikasi *whatsapp* ditalian 016-3268542 atau emel: [fullmalaysian.mmc@gmail.com](mailto:fullmalaysian.mmc@gmail.com).

**KETUA PEGAWAI EKSEKUTIF  
MAJLIS PERUBATAN MALAYSIA**

TARIKH: 12 MAC 2020

## **PERINGATAN**

Permohonan Perakuan Pendaftaran Penuh melalui sistem (MeRITS) lengkap dikemaskini oleh pegawai dalam tempoh sepuluh (10) hari pertama semasa latihan di penempatan keenam.



**BORANG PERMOHONAN PEGAWAI PERUBATAN GRED UD41 (KONTRAK) SELEPAS  
TAMAT LATIHAN SISWAZAH DI KEMENTERIAN KESIHATAN MALAYSIA**

**Panduan/ Tanggungjawab Pemohon**

1. Borang ini hendaklah diisi pada minggu terakhir di penempatan (posting) terakhir dalam latihan siswazah.
2. Pemohon melengkapkan Borang ini di Bahagian A hingga D dan sertakan semua dokumen yang berkaitan sekiranya ada.

**Tanggungjawab Ketua Jabatan**

1. Membuat semakan dan mengesahkan maklumat yang dinyatakan oleh pegawai dalam borang ini serta membuat perakuan di Bahagian E.
2. Mengemukakan borang permohonan yang lengkap kepada Bahagian Perkembangan Perubatan dan Bahagian Sumber Manusia, KKM secepat mungkin setelah pegawai menamatkan latihan siswazah atau enam (6) bulan sebelum tamat tempoh kontrak.

**A. MAKLUMAT PERIBADI**

1. Nama Penuh : \_\_\_\_\_
2. No. Kad Pengenalan : \_\_\_\_\_
3. Tarikh dan Tempat Lahir : \_\_\_\_\_
4. No. Telefon : (Rumah) \_\_\_\_\_ (Bimbit) \_\_\_\_\_
5. Alamat E-mel : \_\_\_\_\_
6. Taraf Perkahwinan :  - Berkahwin  - Bujang  - Bercerai  
(Jika berkahwin, sila sertakan salinan sijil perkahwinan/ sijil nikah)
7. Nama Isteri / Suami : \_\_\_\_\_
8. Jawatan Isteri/ Suami : \_\_\_\_\_
9. Tempat Isteri / Suami berkhidmat : \_\_\_\_\_  
\* Sila lampirkan surat pengesahan majikan suami/isteri
10. Bilangan Anak : \_\_\_\_\_
11. Umur Anak : (1) \_\_\_\_\_ bulan/ tahun (3) \_\_\_\_\_ bulan/ tahun  
(2) \_\_\_\_\_ bulan/ tahun (4) \_\_\_\_\_ bulan/ tahun

**B. MAKLUMAT PRESTASI LATIHAN SISWAZAH, PENDAFTARAN DENGAN MAJLIS PERUBATAN MALAYSIA DAN KURSUS KEPAKARAN**

1. Tarikh Lantikan Kontrak: \_\_\_\_\_

2. Maklumat mengenai latihan siswazah yang pernah dijalani (termasuk sebarang tempoh pelanjutan):

Bidang/ Jabatan dan Tempat Latihan Siswazah/ Hospital	Tarikh Mula	Tarikh Tamat	Gred dan Markah Mengikut <i>Certificate of Completion of Posting</i>	Markah Laporan Penilaian Prestasi Tahunan (LNPT)	Catatan (Perlanjutan dan Sebab)
Jabatan: Hospital:			Markah : Gred :		
Jabatan: Hospital:			Markah : Gred :		
Jabatan: Hospital:			Markah : Gred :		
Jabatan: Hospital:			Markah : Gred :		
Jabatan: Hospital:			Markah : Gred :		
Jabatan: Hospital:			Markah : Gred :		

## 3. Pendaftaran dengan Majlis Perubatan Malaysia (MPM)

Nombor Sijil Pendaftaran Penuh (sekiranya ada) : \_\_\_\_\_

Tarikh Pendaftaran : \_\_\_\_\_

Tarikh Penghantaran Permohonan Pendaftaran Penuh ke MPM : \_\_\_\_\_  
(bagi pegawai masih belum mendapat Pendaftaran Penuh)

## 4. Program latihan yang sedang diikuti (sekiranya ada) (Contoh: MRCP, MRCPCH, MRCOG, DFM dan lain-lain): \_\_\_\_\_

Jika ada, nyatakan tahap kelulusan yang diperolehi (Part A/ Part 1, Part B/Part 2A dan lain-lain): \_\_\_\_\_

**\* Sila sertakan sijil kelulusan/ surat pendaftaran kursus**

## 5. Adakah anda pernah meletak jawatan : Ya/ Tidak

Nyatakan Tarikh Meletak Jawatan: \_\_\_\_\_

**C. PENEMPATAN SELEPAS TAMAT LATIHAN SISWAZAH**

## 1. Ingin meneruskan perkhidmatan dan mendapatkan jawatan tetap di Kementerian Kesihatan Malaysia:

Ya / Tidak

Sekiranya "Ya", nyatakan bidang kepakaran yang diminati (pilih satu sahaja):

Perubatan / Kesihatan Awam / Belum Pasti / Lain-lain: \_\_\_\_\_

Sekiranya "Tidak", nyatakan sektor yang diminati (pilih satu sahaja):

Universiti / Sektor awam lain ( contoh: Majlis Perbandaran) / Swasta / Bidang selain perubatan

## 2. Nyatakan tiga (3) pilihan negeri/ institusi dan alasan untuk penempatan selepas tamat latihan siswazah:

Bil.	Negeri / Insitusi	Alasan

**D. PENGAKUAN**

Saya mengaku bahawa kenyataan yang di atas adalah benar. Kementerian Kesihatan Malaysia berhak membatalkan permohonan saya jika didapati ada maklumat yang tidak benar. Saya juga faham bahawa penempatan saya ke mana-mana di dalam negeri/institusi itu adalah terpulang kepada pertimbangan dan keputusan jawatankuasa di Kementerian Kesihatan Malaysia.

Tandatangan Pemohon: \_\_\_\_\_

Tarikh : \_\_\_\_\_

**E. PERAKUAN/ ULASAN KETUA JABATAN**

Saya mengesahkan bahawa maklumat yang diberikan oleh pegawai ini adalah benar dan saya memperakukan supaya pegawai:

- Boleh dipertimbangkan untuk pelantikan secara tetap
- Tidak disokong untuk pelantikan secara tetap

Ulasan (sekiranya ada): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tandatangan Pegawai: \_\_\_\_\_

Nama Pegawai: \_\_\_\_\_

Jawatan: \_\_\_\_\_

Tarikh: \_\_\_\_\_

**D. PENGAKUAN**

Saya mengaku bahawa kenyataan yang di atas adalah benar. Kementerian Kesihatan Malaysia berhak membatalkan permohonan saya jika didapati ada maklumat yang tidak benar. Saya juga faham bahawa penempatan saya ke mana-mana di dalam negeri/institusi itu adalah terpulang kepada pertimbangan dan keputusan jawatankuasa di Kementerian Kesihatan Malaysia.

Tandatangan Pemohon: \_\_\_\_\_

Tarikh : \_\_\_\_\_

**E. PERAKUAN/ ULASAN KETUA JABATAN**

Saya mengesahkan bahawa maklumat yang diberikan oleh pegawai ini adalah benar dan saya memperakukan supaya pegawai:

Boleh dipertimbangkan untuk pelantikan secara tetap

Tidak disokong untuk pelantikan secara tetap

Ulasan (sekiranya ada): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tandatangan Pegawai: \_\_\_\_\_

Nama Pegawai: \_\_\_\_\_

Jawatan: \_\_\_\_\_

Tarikh: \_\_\_\_\_



**MALAYSIAN MEDICAL COUNCIL**  
**Form 7**  
 (Section 14, Medical Act 1971)  
 (Regulation 26, Medical Regulations 2017)  
**APPLICATION FOR FULL REGISTRATION**

Recent Passport  
Sized  
Photograph

Note - \*for Malaysians who have undergone internship locally, please fill up Sections 1 and 2.  
 \*for Malaysian and Non-Malaysian who have undergone internship abroad, please fill up Sections 1 to 8.

**1. PERSONAL INFORMATION**

Full Name of Applicant : (as per I/C)			
Provisional Registration No:			
Religion:	Gender :	Age:	Ethnic:
Tel (office):	Tel (mobile):	Email:	
Citizenship	Malaysian	NRIC No.:	
	Malaysian PR	NRIC No.:	
	Non-Malaysian	Country:	
		Passport No.:	
Resident Address			
Postal Address			
Marital Status: Single / Married / Divorced (please select one)			
If married, Name of spouse:			
Citizenship:		Occupation:	

**2. BASIC MEDICAL DEGREE**

Name of the awarding University	
Name of the Degree	
Date awarded	

**3. APPLICABLE TO INDIAN MEDICAL GRADUATES ONLY**

Date of Passing the Final Examination	
Bonafide Student of College	

**4. INTERNSHIP EXPERIENCE SINCE GRADUATION**

(Note – The Compulsory Rotating Internship prior to graduation is NOT considered as Internship Training)

Discipline	Place	Date/Period
4.1. General Medicine		Date: ___/___/___ To: ___/___/___ Period: ___ Years ___ Months.
4.2. General Surgery		Date: ___/___/___ To: ___/___/___ Period: ___ Years ___ Months.
4.3. Obstetrics & Gynaecology		Date: ___/___/___ To: ___/___/___ Period: ___ Years ___ Months.
4.4.		Date: ___/___/___ To: ___/___/___ Period: ___ Years ___ Months.
4.5.		Date: ___/___/___ To: ___/___/___ Period: ___ Years ___ Months.

Note: If you need more space, please use a separate sheet of paper. Please use the format illustrated above

5. POST-GRADUATE QUALIFICATION		
Awarding Body	Date of Award	Description of Degree
5.1.	/ /	
5.2.	/ /	

<b>6. LICENSING AUTHORITY</b>
Date of Full Registration:
Name of the Full Registration Licensing Authority:
Date of Specialist Registration:
Name of the Specialist Registration Licensing Authority:

<b>7. CERTIFICATE OF GOOD STANDING</b>
Name of Licensing Authority:
Date Issued: _____ Expiry Date: _____

8. WORKING EXPERIENCE AFTER GRADUATION			
NO.	APPOINTMENT	PLACE	DATE / PERIOD
8.1.			Date: ___ / ___ / ___ To: ___ / ___ / ___
			Period: ___ Years ___ Months.
8.2.			Date: ___ / ___ / ___ To: ___ / ___ / ___
			Period: ___ Years ___ Months.
8.3.			Date: ___ / ___ / ___ To: ___ / ___ / ___
			Period: ___ Years ___ Months.

Note: If you need more space, please use a separate sheet of paper. Please use the reference format illustrated above.

I attach the following documents in proof of having satisfied the requirements as to experience under section 13 of the Medical Act.

- \* (a) Certificate under section 13(2) of the Medical Act.
- \* (b) Certificate of exemption issued under section 13(6) of the Medical Act.

<b>9. PAYMENT DETAILS</b>
PAYMENT THROUGH MeRITS ONLY

Date\*: \_\_\_ / \_\_\_ / \_\_\_

Signature of applicant\*: \_\_\_\_\_



**MALAYSIAN MEDICAL COUNCIL  
FITNESS TO PRACTISE DECLARATION FORM**

**Please Note:**

- a. The Malaysian Medical Council (the Council) reserves all rights to withhold and/or to terminate an application for registration and/or to take any action it deems fit, if any information or documents tendered is found subsequently to be false.
- b. It is a criminal offence to make any false statements, to provide any false information and/or document(s) to the Council.
- c. The Council may make any enquiries or obtain any information and documents that it deems appropriate.
- d. If you are unsure about whether a matter is important please inform the Council about it and provide full details to enable the Council to make a decision.
- e. The information provided in this application will be governed by the Council's Guidelines on Confidentiality.

**A. PERSONAL DETAILS**

**Name** : .....

**NRIC/Passport No.** : .....

**B. HEALTH STATUS**

**1. Health condition**

a. Do you have a health condition? (If the answer to the question is "Yes" please complete the rest of this section. If the answer is "No", please go to Section C.)	Yes / No
b. Please state the full nature of the condition (Please provide details in a separate sheet)	
c. What was the date of the diagnosis?	
d. Does the condition still affect you?	Yes / No
e. If no, please state the date when you were last affected by the condition.	

**2. Current status of health condition**

a. How does the condition affect you? (Please provide details in a separate sheet)	
b. What was the date of the most recent episode or occurrence?	
c. Details of treatment and/or advice received following the most recent episode or occurrence. (Please provide details in a separate sheet)	
d. Details of all the doctors who have treated you (Name, Qualifications, Address, Telephone number and Email). (Please provide details in a separate sheet)	
e. Please state if your condition has resulted in any of the following:	
(i) Interruption or restriction of practice (Please provide details in a separate sheet)	Yes / No
(ii) Referral to occupational health and/or health assessments (Please provide details in a separate sheet)	Yes / No

**3. Employment**

If you have been offered employment:

a. Have you informed your prospective employer of your condition?	Yes / No
b. Contact details of (Name, Job title, Address, Telephone number and Email) of the person that we can confirm details, if necessary. (Please provide details in a separate sheet)	

**C. DISCIPLINARY RECORD**

4a. Have you ever been reprimanded, suspended or deregistered by a medical regulatory authority in Malaysia or another country? (If the answer to the question is "Yes" please complete the rest of this section. If the answer is "No", please go to Section D).	Yes / No
4b. Details of the regulatory authority that imposed the sanction, including your reference/registration number; documentary evidence of the sanction imposed; and a full statement from you of the background and grounds of the sanction. Information of any appeal on the sanction (successful or not) must be submitted. (Please provide details in a separate sheet)	Yes / No
4c. Have you ever been refused registration or a license to practice by any medical regulatory authority in Malaysia or another country?	Yes / No
4d. Details of the regulatory authority who refused registration; documentary evidence of the grounds for refusal; and a full statement from you as to the background and grounds of the refusal. Information of any appeal on the refusal of registration (successful or not) must be submitted. (Please provide details in a separate sheet)	Yes / No
4e. Has an employer ever taken disciplinary action against you?	Yes / No
4f. Documentary evidence of the nature of the disciplinary action undertaken by the employer; contact details (Names, Address, Telephone number and Email) of person(s) involved at the employing organisation that we can approach to secure further information and details; and a full statement on the nature of the allegation and any other information you would wish us to consider. Information of any appeal including legal action (successful or not) must be submitted. (Please provide details in a separate sheet)	Yes / No

**D. CRIMINAL RECORD**

5a. Have you ever been convicted of an offence in a court of law or been cautioned, either in Malaysia or another country? (If the answer to the question is "Yes" please complete the rest of this section. If the answer is "No", please go to Section E.)	Yes / No
5b. Details of the date of the conviction; name and address of the court; and the details of the penalty (if applicable) that was imposed. (Please provide details in a separate sheet)	

**E. DECLARATION**

I declare that the particulars stated in this application are complete and the documents attached are true and authentic, and the information contained herein remains unchanged to date. To the best of my knowledge and belief, I have not withheld any material fact.	
I consent to the Malaysian Medical Council contacting the doctors I have listed in question 2d and/or the persons and/or the authorities I have listed in questions 3b, 4b, 4d and 4f should the Council decides to do so.	Yes / No
Signature :	Date:
Name :	

The draft of this document was prepared by the Evaluation Committee comprising Datuk Dr Noor Hisham Abdullah (Chairperson), Dr Milton Lum Siew Wah, Prof Dato' Anuar Zaini Md Zain, Dato Dr Zaki Morad Mohd Zaher, Prof Datuk Abdul Razzak Mohd Said, Prof Dato Sri Abu Hassan Asaari Abdullah, Prof Lim Chin Theam, Prof Nor Azmi Kamarudin and Prof Dato Dr Abdul Hamid Abdul Kadir.

**Adopted by the Council at its 312<sup>th</sup> meeting on 15 January 2017**