



MALAYSIAN MEDICAL COUNCIL

FORM 18

(Section 24A, Medical Act 1971)

APPLICATION FORM FOR REINSTATEMENT OF NAME IN REGISTER

Recent
Passport Sized

1. Personal Information			
Full Name of Applicant : <i>(as per NRIC/Passport)</i>			
NRIC/Passport No.*:		Citizenship:	
Residential Address			
Postal Address			
Tel <i>(office)</i> :		Tel <i>(mobile)</i> :	Email:
2. Previous registration details: <ul style="list-style-type: none">• Registration no:• Date of registration:• Latest APC No. :• Have you returned your registration certificate to MMC? Yes/No <i>(Please attached your registration certificate with this application if you have not returned it to MMC)</i>			
3. Particulars of Qualification: <ul style="list-style-type: none">• Description of Qualification (in full) :• Institution which granted qualification :• Date of qualification :			

**Strike out whichever is not applicable*

4. Reason for Reinstatement:
<i>To be included with supporting documents as specified in the checklist provided.</i>

5. Payment Details	
KUMPULAN WANG MAJLIS PERUBATAN MALAYSIA CIMB Islamic Bank Berhad Account Number: 8600098716	
Payment details <i>(online banking /debit card/credit card)*</i> :	
Documents to be sent by Registered Post or Poslaju – in Malaysia(RM20) : Yes/No	
Sum: RM	Date:
Proof of payment / Transaction ID <i>(if applicable)</i> :	

**Strike out whichever is not applicable*

6. Mode of collection (Please tick (v))	By Hand	By Post	On Behalf**

**** For collections on behalf, please bring along an *authorization letter* from the applicant on collection.**

7. Internship experience since graduation

Duration	Discipline	Place of internship

8. Compulsory service/working experience

Duration	Discipline	Place of internship

DECLARATION

I, (full name)....., the above named applicant, hereby declare that the particulars stated in this application are true and correct and the documents attached are original documents which relate to me.

Date:/...../.....

.....

Signature of applicant

CHECKLIST:

1. The following documents need to be submitted by all applicants :

- 1.1. A certified true copy of Identity Card. ☐
- 1.2. A completed **Reinstatement of Name in Register** application form (**Form 18**) ☐
- 1.3. Formal letter explaining reason of reinstatement ☐
- 1.4. A certified true copy of basic Medical Degree ☐
- 1.5. A recent passport-sized photograph. ☐
- 1.6. A RM100 fees to '**Kumpulan Wang Majlis Perubatan Malaysia**'. ☐

CIMB Islamic Bank Berhad
Account Number: 8600098716

- 1.7. If the original documents are not in either Bahasa Malaysia or English:
 - a. Translated documents. ☐
 - b. Certified copies of the document in its original language. ☐
- 1.8. Medical reports by two Specialists if applicable *(for application under Section 24A) ☐
- 1.9. At least two testimonies provided by two fully registered medical practitioners of at least 10 years standing *(for application under Section 31A) ☐

3. The following additional documents to be submitted by *Non-Citizens only*:

- 3.1. A certified true copy of passport (Non-citizen). ☐
- 3.2. A certified true copy of employment letter. ☐
- 3.3. A certified true copy of your marriage certificate for foreign spouse of Malaysian, if applicable. ☐
- 3.4. A certified true copy of higher education certificate or SPM equivalent. ☐