



# Perinatal Society of Malaysia

Unit C-10-09, Dataran Emerald, Jalan PS 11,  
Prima Selayang, 68100, Batu Caves, Selangor Darul Ehsan  
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## Perinatal Society of Malaysia

### Application Form: PSM Travelling Grant

#### Section A: Personal Information

Full Name (as in NRIC/Passport):

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Date of Birth:

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NRIC/Passport Number:

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Contact Address:

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Email:

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Mobile Number:

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Current Position & Designation:

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Institution/Place of Work:

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#### Section B: Professional Background

Qualifications (with dates):

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Current clinical/research responsibilities:

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Years of experience in perinatal/maternal/neonatal care:

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Membership in Perinatal Society of Malaysia since:

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Attendance to PSM Annual Congress:

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Trainers or Speaker at PSM programme:

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## Section C: Proposed Training Programme

Host Institution / Centre:

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Address of Host Institution:

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Name & Designation of Host Supervisor (if applicable):

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Type of Training (tick one): Short-term fellowship / Clinical observership / Workshop / Other

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Duration of Training (dates):

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Description of Programme:

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Expected Benefits / Learning Outcomes:

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## Section D: Supporting Documents

Curriculum Vitae (max 3 pages)

Letter of acceptance/confirmation from host institution

Statement of purpose (max 500 words)

One referee report (Head of Department/Supervisor)

Copy of NRIC/Passport

## Section E: Declaration

I hereby declare that the information provided in this application is accurate and complete. I agree to abide by the terms and conditions of the Perinatal Society of Malaysia Medical Fellowship Travelling Grant, including submission of a written report and presentation upon completion.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

## For Official Use Only

Date Received: \_\_\_\_\_

Application No.: \_\_\_\_\_

Decision: Approved / Not Approved

Amount Awarded: RM \_\_\_\_\_

Council Score: \_\_\_\_\_

Remarks: \_\_\_\_\_