



# SINGAPORE MEDICAL COUNCIL

16 College Road, #01-01 College of Medicine Building, Singapore 169854  
E-mail Address: SMC@spb.gov.sg  
Website: <http://www.smc.gov.sg>

## APPLICATION FORM FOR ADMINISTRATOR (HR)\*USER ACCOUNT

### IMPORTANT NOTE FOR APPLICANT:

Please complete this form and submit via email to the Singapore Medical Council. The standard processing time for each application is seven working days. You will be informed via email on the outcome of your application.

Name :		
NRIC / FIN No :		UEN :
Name of Employing Organisation :		
Designation :		
Office no :	Fax no :	Mobile no :
Email Address :		
<b>I confirm that I have been authorized by my employing institution (as stated above) to apply as an authorized user of the Professional Registration System. I also undertake to inform SMC immediately should I cease to be an employee of the above-mentioned organization. I consent to provide my personal data (as contained herein in this form) to the SMC for the purposes of allowing SMC to set up, maintain and administer the HR user account for my use for accessing the Professional Registration System.</b>		
Signature of applicant :		Date :
For Official Use		
Date Received :		
Account Creation Date :		
Created By :		
Date Emailed to Applicant :		

\* The HR user account is required for accessing the Professional Registration System for the application of medical registration and/or online assessment reports by Human Resource/ Medical Affairs staff only.