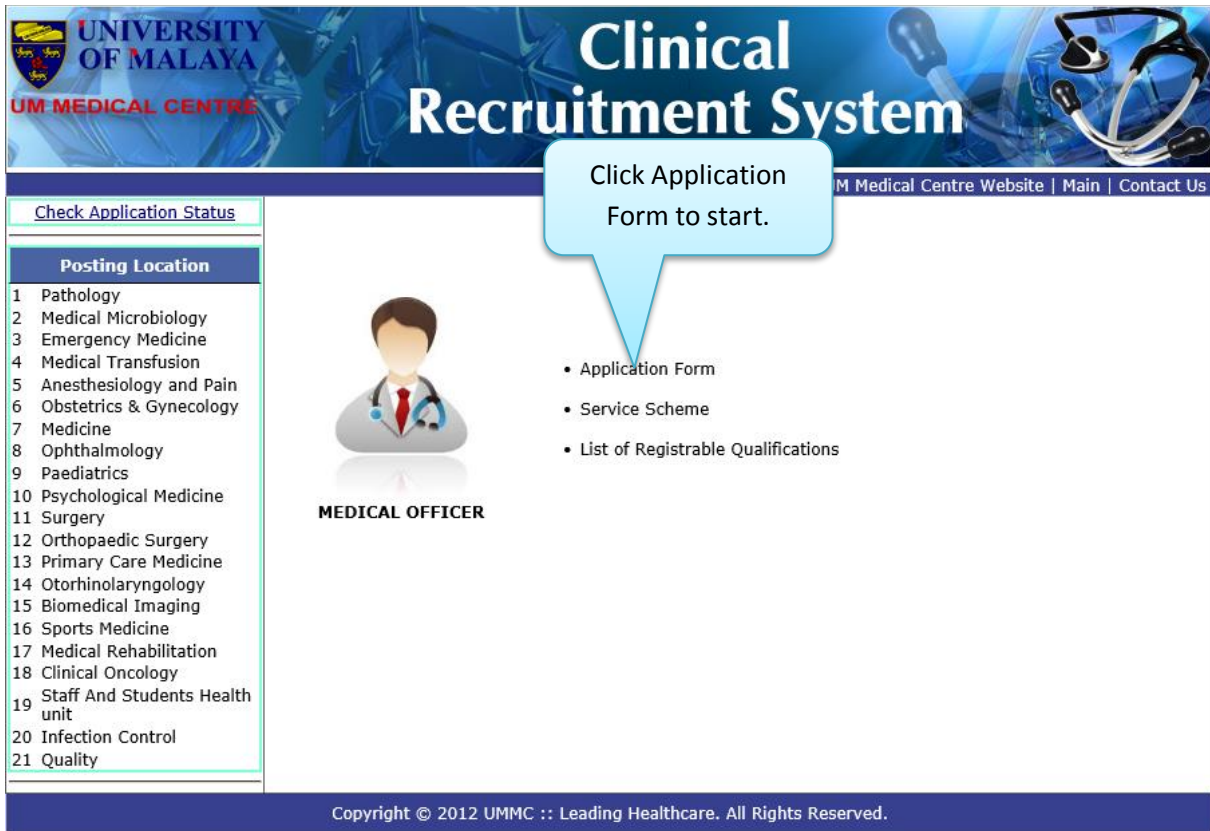


Medical Officer Application System User Manual

1. User Registration



UNIVERSITY OF MALAYA
UM MEDICAL CENTRE

Clinical Recruitment System

Medical Centre Website | Main | Contact Us

Click Application Form to start.

- Application Form
- Service Scheme
- List of Registrable Qualifications

MEDICAL OFFICER

Posting Location

- 1 Pathology
- 2 Medical Microbiology
- 3 Emergency Medicine
- 4 Medical Transfusion
- 5 Anesthesiology and Pain
- 6 Obstetrics & Gynecology
- 7 Medicine
- 8 Ophthalmology
- 9 Paediatrics
- 10 Psychological Medicine
- 11 Surgery
- 12 Orthopaedic Surgery
- 13 Primary Care Medicine
- 14 Otorhinolaryngology
- 15 Biomedical Imaging
- 16 Sports Medicine
- 17 Medical Rehabilitation
- 18 Clinical Oncology
- 19 Staff And Students Health unit
- 20 Infection Control
- 21 Quality

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Start of Medical Officer Application

User * : First Time Applicant Registered Applicant

IC/Passport Number * : eg. 800113145222 / A012756

Name * : *eg. Abu / Tan*
 eg. Bin / Chun
 eg. Bakar / Yap

Password * : (6 - 12 character)

Verify Password * :

Email * :

Note : Fields marked with asterisk (*) are mandatory.

Complete the form and click Proceed button.

2. User Log In

Insert your registered IC/Passport Number and Passport. Click Login button.

3. Forgot Password

System will reset to random password and send it to applicant's registered email address.

4. Personal Particulars

NOTE : Maximum total size for 1 upload is 4 MB only.
NOTE: Please upload passport size photo. (Maximum 1 MB)



Browse... Upload

I. PERSONAL PARTICULARS

Name*	: First Name	<input type="text"/>	
	: Middle Name	<input type="text"/>	
	: Last Name	<input type="text"/>	
NRIC/Passport No.*	: <input type="text"/>	Gender	: <input type="text" value="Male"/>
Permanent Address	: <input type="text" value="qqq-rytrtrt"/>	City/District	<input type="text"/>
	Postcode <input type="text"/>	Country	<input type="text" value="Choose Country"/>
	State <input type="text"/>		
Correspondence Address	: <input type="text"/>	City/District	<input type="text"/>
<input type="checkbox"/> Same as Permanent Address	Postcode <input type="text"/>	Country	<input type="text" value="Choose Country"/>
	State <input type="text"/>		
Nationality	: <input type="text" value="Malaysian"/>	Marital Status	: <input type="text" value="Single"/>
Birthdate	: <input type="text" value="2-1-1980"/> *dd-mm-yyyy	Mobile Phone	: <input type="text"/>
Residence Phone	: <input type="text"/>		
Office Phone	: <input type="text"/>		
E-mail Address	: <input type="text" value="r@gmail.com"/>		

Fill in all the mandatory field marked with asterisk (*).

Malaysian Medical Council Registration Information (If Available)	
Registration No.	: <input type="text"/>
Registration Date	: <input type="text"/>
Copy of MMC Certificate	: <input type="text"/> Browse...
Annual/Temporary Practicing Certificate (If Available)	
Certificate No.	: <input type="text"/>
Year of Cert.	: <input type="text"/>
Copy of APC/TPC	: <input type="text"/> Browse...

Next >>

NOTE : Field with asterisk (*) are mandatory.

Provide Malaysian Medical Council Registration and Annual/Temporary Practicing Certificate if available.

Click Next button to save and proceed.

5. Health Information

II. HEALTH INFORMATION

Do you have any physical disability?* Yes No

Have you been through any surgery?* Yes No

Do you have experienced or currently suffering from the following illness

<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Epilepsy
<input type="checkbox"/> Asthma	<input type="checkbox"/> Tuberculosis
<input type="checkbox"/> Mental Disorder	<input type="checkbox"/> Other Illness

NOTE : Field with asterisk (*) are mandatory.

Complete health information where applicable. Click Next button to save and proceed.

6. Academic Qualification

III. ACADEMIC QUALIFICATION

a. Tertiary Qualification*

#	Qualification*	Awarding Body*	Copy of Certificate*
1	lala	lala	View ✕

b. Academic Awards and Honors

Name of Awards/Honors	Awarding Body	Year
<input style="border: 1px solid gray;" type="button" value=" + Add New Award/Honor "/>		

c. Sijil Pelajaran Malaysia (SPM) - (If applicable)

Year : Grade :

Bahasa Melayu :

Click here to add new Qualification

Click here to edit Qualification

Click here to add new Award/Honor

Close X

TERTIARY QUALIFICATION INFORMATION

Qualification Type*	: <input type="text" value=""/>
Qualification*	: <input type="text" value=""/> <small>eg. MBBS</small>
Awarding Body*	: <input type="text" value=""/> <small>eg. University of Malaya, Malaysia</small>
Qualification Date*	: <input type="text" value=""/> <small>*dd-mm-yyyy</small>
Certified True Copy of Certificate*	: <input type="text" value=""/> <input type="button" value="Browse..."/>
Certified True Copy of Academic Transcript*	: 1. <input type="text" value=""/> <input type="button" value="Browse..."/> Add more file (Max 4 files)
Level of Passed	: <input type="text" value=""/>

Applicant must attach a scan copy of qualification certificate and academic transcript.

Sijil Pelajaran Malaysia (SPM) are optional for applicant that take the Malaysian Certificate of Education exam.

Click Next button to proceed.

7. Publication

The screenshot shows a table titled "V. PUBLICATION(S)" with columns for "Publication Type", "Title", and "Year". There are two rows of data. A callout bubble points to a plus icon and the text "Add New Publication". Another callout bubble points to a pencil icon and the text "Click here to edit Publication". Navigation buttons for "<< Previous" and "Next >>" are visible at the bottom.

The screenshot shows a form titled "PUBLICATION INFORMATION" with a "Close X" button in the top right. The form contains the following fields:

- Publication Type: A dropdown menu.
- Author: A text input field containing "idris bin ahmed".
- Title: An empty text input field.
- Year: An empty text input field.
- Series Editor: An empty text input field.
- Series Title: An empty text input field.
- Conference: An empty text input field.

 At the bottom of the form are "Save" and "Cancel" buttons.

Publication information are optional for applicant.

8. Working Experience

The screenshot shows a table titled "IV. WORKING EXPERIENCE(S)" with columns for "Institute*", "Position*", and "Department". There are three rows of data. A callout bubble points to a plus icon and the text "Add New Working Experience". Another callout bubble points to a pencil icon and the text "Click here to edit Publication". Navigation buttons for "<< Previous" and "Next >>" are visible at the bottom.

The screenshot shows a form titled "WORKING EXPERIENCE INFORMATION" with a "Close X" button in the top right. The form contains the following fields:

- Institute/Employer*: A text input field with an asterisk.
- Address: A text input field with a scrollable area.
- Position*: A text input field with an asterisk.
- Department: A text input field.
- Specialty: A text input field.
- Service Start: Two dropdown menus for "- Month -" and "- Year -".
- Service End: Two dropdown menus for "- Month -" and "- Year -", followed by a checkbox labeled "Present".
- Employer's Email: A text input field.
- Employer's Phone: A text input field.

 At the bottom of the form are "Save" and "Cancel" buttons.

Complete fields with asterick (*), then click Save button.

Click Next button to proceed to the next section.

9. Referees

V . REFEREES INFORMATION

First Referee
Name* : [Redacted]
Address : [Redacted]
Phone No. : [Redacted]
Email* : [Redacted]
Position* : [Redacted]

Second Referee
Name* : [Redacted]
Address : [Redacted]
Phone No. : [Redacted]
Email* : [Redacted]
Position* : [Redacted]

<< Previous Next >>

Complete two referees information with asterisk (*). Click Next button to proceed.

10. Additional Information

VIII. ADDITIONAL INFORMATION / ON EXPERIENCE / ACHIEVEMENT TO SUPPORT YOUR APPLICATION

Write additional information or experience or achievement to support application.

(Maximum characters: 1000)
You have 1000 characters left.

This is optional for applicant. The maximum character that can be written are 1000 only.

11. Posting Location Preference

IX. POSTING LOCATION PREFERENCE

First * : Medicine [v]
Second (Optional) : - Choose Location - [v]
Third (Optional) : - Choose Location - [v]

Choose preferred posting location. The second and third option are optional.

12. Declaration and Head of Department Support Letter

X. PERSONAL DECLARATION

I HEREBY DECLARE THAT ALL INFORMATION AND DOCUMENTS PROVIDED ARE TRUE, ACCURATE AND COMPLETE. I ACKNOWLEDGE THAT UMMC HAVE THE RIGHT TO REJECT MY APPLICATION OR TERMINATE MY SERVICE AFTER THE OFFER IS MADE, IF THE INFORMATION AND DOCUMENTS PROVIDED ARE FOUND TO BE UNTRUE AND INCOMPLETE.

XI. HEAD OF DEPARTMENT SUPPORT LETTER (UMMC STAFF ONLY)

[View](#)

Applicant must agree to the declaration in order to submit the application.

The support letter is optional if available.

Click Save button to save the information from item 10 to 12. Then click Submit button to submit application.

System will open a window showing all given information before applicant need to confirm the application.

REFEREES INFORMATION

First Referee
Name* :
Address :
Phone No.* :
Email* :
Position* :

Second Referee
Name* :
Address :
Phone No.* :
Email* :
Position* :

ADDITIONAL INFORMATION / ON EXPERIENCE / ACHIEVEMENT TO SUPPORT YOUR APPLICATION

POSTING LOCATION PREFERENCE

First : Medi
Second :
Third :

HEAD OF DEPARTMENT SUPPORT LETTER (UMMC STAFF ONLY)

[View](#)

Click Confirm button to confirm application submission