

---

## CLINICAL (ELECTIVE) & RESEARCH POSTING / ATTACHMENT GUIDELINES

---

Kindly read the guidelines carefully and complete the Application Form.

1. The Application Form must be submitted at least 6 months prior to the date of the posting. Completed Application Form can be post or email to **Senior Assistant Registrar (Undergraduate), Dean's Office, Faculty of Medicine, University of Malaya, 50603 Kuala Lumpur, MALAYSIA ([fomelective@ummc.edu.my](mailto:fomelective@ummc.edu.my))**.
2. Application must be accompanied with copies of relevant certificates/transcripts and supporting documents. Please refer to the attached Checklist. Submission of inaccurate or falsified data or documents during application can result in revocation of application by the Faculty.
3. The duration allowed for each posting is as follows:
  - (1) Clinical elective/attachment → Minimum: 2 weeks (one clinical discipline only)
  - (2) Research elective/attachment → 2 – 4 weeks  
6 – 8 weeks  
9 – 12 weeks
4. There is **NO credit transfer** offered for this activity.
5. Upon a successful application, an offer letter will be emailed to you. The process may take up to 8 weeks.
6. While all efforts to accommodate your request would be made, the Faculty reserves the right to change your clinical elective / attachment (before or after obtaining the offer letter) or deny your request for an elective placement.
7. The following fees must be made **within 30 days from the date of the offer letter**. Methods of payment will be informed in the Pre-Arrival Acceptance Form.

Description		Fees / Month	Total
<b>Clinical Attachment (Elective Posting)</b>	Malaysians	Administration Fee	RM100.00
		Attachment Fee*	RM500.00
	Non-Malaysians	Administration Fee	RM400.00
		Attachment Fee*	RM1500.00
<b>Research Elective / Attachment</b>	Malaysians	Administration Fee	RM150.00
		Attachment Fee*	RM750
	Non-Malaysians	Administration Fee	RM600.00
		Attachment Fee*	RM1200.00

\*Fee is exempted to UM and PPUM staff including their dependant

8. Accommodation is not provided. However, you may refer to our Student Affairs Division website (<https://hep.um.edu.my/>) for details regarding availability of on-

campus and off-campus accommodation (student housing).

9. Please ensure you have purchased a health insurance in your name that covers the duration of the posting/attachment period. A copy of the insurance certificate is to be submitted during the registration.
10. For International applicants, please refer to the Education Malaysia Global Services (EMGS) for further information regarding Student Pass, Medical Examination and Health Insurance (<https://educationmalaysia.gov.my/>).

For inquiries, please contact:

**Senior Assistant Registrar (Undergraduate)**  
**Faculty of Medicine, University of Malaya**  
**Lembah Pantai, 50603 Kuala Lumpur**  
**MALAYSIA**  
Tel: (60) 3 7967 6686 / 4941  
Fax: (60) 3 7956 8841  
Email: [fomelective@ummc.edu.my](mailto:fomelective@ummc.edu.my)

---

## CLINICAL (ELECTIVE) & RESEARCH POSTING / ATTACHMENT APPLICATION CHECKLIST

Please ensure that all these documents are completed and compiled before submitting.

No.	Documents	Checking
1.	A copy of <b>Identity Card</b> (Malaysian) / <b>Passport</b> (carrier page details) (Non-Malaysian)	
2.	1 passport-sized photo ( <b>50mm x 35mm</b> ) with <b>WHITE</b> background  <i>(The height of the face from bottom of chin to the top of the head is 25mm to 30mm)</i>	
3.	<b>Completed Form FRU 52/2017</b>  <ul style="list-style-type: none"> <li>○ <i>To provide name, position and contact details of the Dean or representative of the Dean of your School.</i></li> <li>○ <i>Inform your school regarding your application and the possibility of FOM-UM to contact your Medical School for a confidential supporting statement.</i></li> </ul>	
4.	A copy of <b>Academic Transcript / Performance</b>	
5.	<b>Health Insurance Certificate</b>  <i>For International Applicant: Insurance purchased from Home Country must covers Health, Death, Personal Accident &amp; Repatriation</i>	
6.	<b>Proof of Payment</b> (within 30 days from date of offer letter)  <ul style="list-style-type: none"> <li>○ <i>Payment to be made through <a href="https://epay.um.edu.my/">https://epay.um.edu.my/</a></i></li> <li>○ <i>A copy of payment receipt must be submitted to the Faculty and the original receipt to be kept by applicant.</i></li> </ul>	



University / School Mailing Address:	
Telephone No.:	Facsimile No.:
Email address:	
Name of programme of study:	
Duration of programme of study:	Year of study during proposed posting:

*(For Clinical Attachment/Elective Posting Applicants Only)*

Please give brief details of the studies you have/would have completed at the start of your elective posting. Use appendix if the table below is insufficient.

Subject / clinical posting	Date started	Date completed	Grade/Result

Language proficiency (please ✓ in the appropriate box )

LANGUAGE	SPOKEN				WRITTEN			
	Good	Adequate	Weak	None	Good	Adequate	Weak	None
MALAY								
ENGLISH								

### 3. DETAILS OF POSTING / ATTACHMENT REQUEST

Type of programme that you are applying for:

- Clinical attachment / Elective posting  
 Research attachment

Proposed duration of programme:

- 2 to 4 weeks (only 1 discipline)  
 6 to 8 weeks (one or two discipline(s) only)  
 9 to 12 weeks (research attachment only)  
 More than 12 weeks (research attachment only). Please specify duration: .....

Proposed date of programme:	Start date:
	End date:
Discipline(s) of interest: 1. 2. 3. 4.	
Have you approach any department / unit in FOM? Yes / No If Yes, please indicate the name of the department / unit approached:	

**4. DECLARATION**

I, hereby declare that I:

- (a) have read, understood and accepted the conditions in this form;
- (b) have provided true and correct statements in my application, or the application will be invalid;  
and
- (c) understand and agree that the University of Malaya reserves the right to reject this application, withdraw an offer of admission or direct the student to leave the University, if there is any breach of these or any other conditions established by the University.

.....

Signature

.....

Date