



Faculty of Medicine
Postgraduate Medical Education

DECLARATION - INTERRUPTION(S) IN UNDERGRADUATE/ POSTGRADUATE TRAINING AND/OR CLINICAL PRACTICE

I declare that since admission to medical school, I had interruptions of two continuous months or more during my undergraduate/ postgraduate training and/or clinical practice on the following occasions:

Dates	Reason for Interruption
(Mo./Yr. to Mo./Yr.)	(Explain the reason for the interruption, e.g. maternity leave, vacation, emigration)
ATTACH ADDITIONAL PAGES AS NECESSARY	
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I make this declaration conscientiously believing it to be true, and knowing that it is of the same legal force and effect as if made under oath.

 Applicant's Signature Print Name Date