



REGISTRATION FORM

200 HUNDRED HOURS TRAINING ON HAEMODIALYSIS FOR PHYSICIANS

Name in Full (IN BLOCK LETTERS)	
IC Number	
Qualification/Year	
National Specialist Register (NSR) Number	
Contact number	
Fax number	
Email address	
Home Address	
Working (Office) Address	
Haemodialysis Centre address	(i)
	(ii)
	(iii)

*Note: Please add attachment if space is limited.

**ACCREDITED CENTRE OF ATTACHMENT REQUESTED
(PLEASE TICK ✓ AT THE BOX BELOW):**

Klang Valley:

- Hospital Kuala Lumpur
- Hospital Selayang
- Hospital Serdang
- Hospital Tuanku Ampuan Rahimah, Klang
- University Malaya Medical Centre (UMMC)
- Hospital Universiti Kebangsaan Malaysia (HUKM)

Northern region:

- Hospital Pulau Pinang
- Hospital Sultanah Bahiyah, Alor Setar
- Hospital Seberang Jaya

Southern Region:

- Hospital Sultanah Aminah, Johor Bharu
- Hospital Tuanku Jaafar, Seremban

East-coast region:

- Hospital Tuanku Ampuan Afzan, Kuantan, Pahang
- Hospital Sultanah Nur Zahirah, Trengganu
- Hospital Raja Perempuan Zainab II, Kota Bharu, Kelantan

East Malaysia

- Hospital Queen Elizabeth, Kota Kinabalu, Sabah
- Hospital Umum Kuching, Sarawak

I enclosed a Cheque No:/ Postal order No:
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for RM 2,500.00 made in favour of the **“MALAYSIAN SOCIETY OF
NEPHROLOGY”**.

Date : _____

Name : _____

Signature : _____