



## Fellowship in Laparoscopic Surgery and Infertility

Our consultant, Dr. S. Selva is starting a fellowship in laparoscopic surgery and infertility at the Mahkota Medical Centre, Melaka. He is our full time resident Consultant in Obstetrics, Gynaecology and Infertility including assisted reproductive techniques.

The duration of the fellowship will be from 3 months to 12 months. The requirements are as follows:

1. Candidates must be at least 3 years postmembership (MRCOG) or post Masters in O&G
2. less than 45 years of age

The scope of the work will be as follows:

1. Assisting him in all aspects of clinical work (obstetrics, gynaecology, infertility and laparoscopic surgery)
2. To do call duties
3. To cover the doctor when he is on leave
4. To assist in writing papers for publication

A pre-agreed allowance will be given for the duration of the training. If you are interested in undergoing a fellowship please send an e-mail at [hazlia@mahkotamedical.com](mailto:hazlia@mahkotamedical.com) and furnish the following documents :

1. A completed Application Form.
2. Basic Degree
3. Postgraduate degree
4. Curriculum Vitae
5. Professional Indemnity Insurance
6. Full Registration Certificate
7. Annual Practising Certificate

Acceptance will be at our discretion and the approval of the Credentialing and Privileging Committee of the Mahkota Medical Centre, Melaka.

Thank you.

The Management of  
Mahkota Medical Centre Sdn Bhd

### Mahkota Medical Centre

No. 3, Mahkota Melaka, Jalan Merdeka, 75000 Melaka.  
24 hrs Call Centre : +606-285 2999  
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E-mail : [info@mahkotamedical.com](mailto:info@mahkotamedical.com)  
Website : [www.mahkotamedical.com](http://www.mahkotamedical.com)  
Find Mahkota Medical Centre on





## Application Form for the Fellowship in Laparoscopic Surgery and Infertility

Name: Dr.

Age: \_\_\_\_\_

Date of Postgraduate degree: \_\_\_\_\_

Duration of Fellowship: \_\_\_\_\_

When would you like to start the Fellowship: \_\_\_\_\_

Remuneration expected: RM

2 Referees:

|             |  |
|-------------|--|
| Name        |  |
| Address     |  |
| E mail      |  |
| Contact No. |  |

|             |  |
|-------------|--|
| Name        |  |
| Address     |  |
| E mail      |  |
| Contact No. |  |

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