



COLLEGE OF SURGEONS, SINGAPORE

81 Kim Keat Road, #11-00 NKF Centre, Singapore 328836

Tel: (65) 65937800 Website: www.css.edu.sg

Registration Number: 200410341R



YOUNG SURGEON'S AWARD 2017

Application and Abstract Form

Closing date: 1500hrs, Friday, 31 March 2017

Submission must be received by The Secretariat, College of Surgeons, Singapore,

81 Kim Keat Road, #11-00 NKF Centre, Singapore 328836.

Please submit to The College Secretariat at: bened_thong@ams.edu.sg

**Please type or print legibly.*

Name (as registered with SMC)

_____ *(please underline surname)*

Date of Birth _____ MCR No. _____ Designation _____

Institution _____ Speciality _____

Mailing Address _____

Mobile _____ DID _____ Email _____

Title of Paper

Checklist for items to be submitted:

- 1) Full text in MS Word and pdf format
- 2) Abstract in MS Word and pdf format
- 3) A hi-resolution portrait photograph
- 4) Completed and signed Application and Abstract Form

This is to acknowledge that I have understood the terms and conditions of the Award.

Signature of Applicant _____ Date _____



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Abstract Submission

Name of Applicant _____ MCR No. _____

Title of Paper

Please type abstract in below space provided. No more than 300 words.



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