1. PERSONAL DETAILS:

Full Name (Underline Last Name)							
Brief Biography (limit to 150 words)							
(To include a statement on educational background, clinical training and expertise, and research							
experience/track record.)							
	Insert photo here				here		
Research Statement (
	eld that you are working witl erest and aspiration of your r			estion(s) that y	ou areinteres	ted in answering	g. Also
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Name of							
Programme							
Institution for the							
Research Training		,					
Year of enrolment			Expected year of completion				
MCR No			Gender		Male		Female
Office Address							
Email							
Clinical Grade	Eg. Senior Resident, Consultant						
Discours of Discours	Department						
Place of Practice	Institution						
Contact number	Mobile			Office			
				•		•	

2. ACADEMIC QUALIFICATIONS

Name of Institution	Degree obtained	Date obtained (ddmmyyyy)

Name of Institution	Degree obtained	Date obtained (ddmmyyyy)

3. AWARDS AND GRANTS FROM ACADEMY OF MEDICINE SINGAPORE (E.G. SEAH CHENG SIANG MEMORIAL RESEARCH FUND)

Name of Awards and Grants	Year awarded

4. DECLARATION

THE SUBMITTED ABSTRACT HAS NOT BEEN PUBLISHED AS A MANUSCRIPT AT THE POINT OF SUBMISSION.			
SIGNATURE	DATE		

PDPA DECLARATION

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ABSTRACT

Please indicate the category of submission:

Transactional research
Clinical research
Health Population Research
Digital Health
Clinical Innovation

Research Project Title
Short Title (Please limit to 40 characters)
Supervisor(s), including co-supervisors
Structured Abstract of Research Project
Please provide a <u>350-word structured abstract</u> of your research project which includes the following sections:
(i) Background
(ii) Objectives
(iii) Methods
(iv) Results
(v) Conclusions
Note: Tables and Figures are allowed to a limited of 2. They are not included in the word count

Endorsement			
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