- Singapore Cooperation Programme Application Form for Bilateral Courses

(Name of Official) I have examined the educational, professional or other certificates quoted by the nomine this form and I am satisfied that they are authentic and relate to the nominee. The nominee is medically fit and free from infectious disease and that, having regard his/her physical and mental history, there is no reason to suppose that the nominee is of than fit to undertake the journey to Singapore and to remain in Singapore for the duration training. Should the nominee seek medical consultation/treatment during his period of stay in Singap he would be personally liable for all medical expenses incurred, other than those covered unite Group Personal Accident Insurance and Group Hospital & Surgical Insurance policy. The nominee has attained a level of proficiency in both spoken and written Englist enable him/her to follow the course of study/training for which he/she is being nominated nominate (Mr/Mrs/Miss/Dr) (Name) (Name) (Signature) (Name) (Country Code Area Code Office Fax No. Country Code Area Code Office Fax No. (Name) (Designation) (Name) (Name) (Country Code Area Code Office Fax No. (Name) (Name) (Country Code Area Code Office Fax No. (Name) (Name) (Country Code Area Code Office Fax No. (Name) (Country Code Area Code Office Fax No. (Name)	On behalf of the Government of			(Cou	ntry)	,	
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