



BRUNEI MEDICAL BOARD
2nd Floor, Ministry of Health
Commonwealth Drive BS3910
Brunei Darussalam
Tel: 2384182
Email: bmb.brunei@moh.gov.bn

BMB 4

BMB REGISTRATION NO.: _____ - _____

UPDATE OF PERSONAL PARTICULARS

Name:		
IC No:	Colour: Yellow <input type="checkbox"/> Purple <input type="checkbox"/> Green <input type="checkbox"/>	
Date of Birth:	Nationality:	
Postal Address:		
Place of Practice		
<input type="checkbox"/> Department of Medical Services, Ministry of Health <input type="checkbox"/> Department of Health Services, Ministry of Health <input type="checkbox"/> Other (list all, use separate sheet if required)		
Department :	Unit :	
Basic Degree:	University:	Year:
Mobile:	Work:	
Email:		
Type of Appointment :	<input type="checkbox"/> Permanent <input type="checkbox"/> Contract <input type="checkbox"/> Month to Month <input type="checkbox"/> Locum <input type="checkbox"/> Daily Paid	
Position :		

Signature: _____

Date: _____