# The University of Papua New Guinea

## Application for Admission to Postgraduate

## School of Medicine & Health Sciences, 2026

ID SIZE PHOTO

### Instructions

- Please read this form carefully and print clearly using block letters.
- Your application should be supported by documentary evidence, transcript of academic records, Diploma or Degree certificate(s), study proposal and other support letters.
- The **Postgraduate Programs are** open now to a person with an honors degree in Medicine Field.
- Documents must be certified as true copies of the originals.
- A **K50.00 Application Fee**, in the form of receipt must be submitted with this application. This can be paid in UPNG's Tuition Fee Account No. 1000583572, BSP, and Waigani Branch or Pay at UPNG Account Cashier.
- It is important that all the necessary documents pertaining to your education and work Experience, be included in the form.
- Incorrect filling of the form will result in automatic disqualification of the application by the Enrolment Officer.
- Applications is now **Open** and will **Close** on the **05th December, 2025**

### Scholarship Information

The University does not offer scholarship to candidates. Applicants are advised to secure scholarships themselves before applying. Fee requirements can be obtained through the UPNG Bursary on 3267320

### Return Address

Please return your completed form, required documents and a **K50 Application Fee** receipt to:

**The Senior Assistant Registrar, (Enrolments)**
Academic and Student Administration Division
University of Papua New Guinea
PO Bo 320
**UNIVERSITY**
National Capital District

**Telephone:** 3267 537/3267 604

**Fax:** 3267 187

**Email:** enrollmentoffice@upng.ac.pg

**Website:** www.upng.ac.pg

**Www.facebook.com**

## 1: PERSONAL DETAIL

| | | | |
|---|---|---|---|
| Surname: | | Given Name: | |
| Date of Birth: | | Place of Birth: | |
| District: | | Province | |
| Maritual Status: | | Religion: | |
| Telephone: | | Fax: | |
| E-mail: | | Cell Phone: | |

Nature of Employment (if applicable)

**ADDRESS FOR CORRESPONDENCE:**

## 2: SCHOOL OF LAW PROPOSED HIGHER DEGREE PROGRAM TO BE FOLLOWED: (State the exact program)

i. **Higher Postgraduate Diploma in Laboratory and Clinical Subspecialties;**

ii. **Master of Dental Surgery**

iii. **Master of Medicine in Anaesthesiology**

iv. **Master of Medicine in Child Health**

v. **Master of Medicine in Dermatology**

vi. **Master of Medicine in Emergency Medicine**

vii. **Master of Medicine in Medical Imaging**

viii. **Master of Medicine Internal Medicine**

ix. **Master of Obstetrics and Gynaecology**

x. **Master of Ophthalmology**

xi. **Master of Otorhinolaryngology**

xii. **Master of Pathology**

xiii. **Master of Psychiatry**

xiv. **Master of Rural Medicine**

xv. **Master of Surgery**

xvi. **Postgraduate Diploma in Anaesthesiology**

xvii. **Postgraduate Diploma in Child Health**

xviii. **Postgraduate Diploma in Dentistry**

xix. **Postgraduate Diploma in Obstetrics and Gynaecology**

xx. **Postgraduate Diploma in Ophthalmology**

xxi. **Postgraduate Diploma in Otorhinolaryngology**

## 3: STATUS OF ENROLMENT (Full-Time or Part-Time)

## 4: SCHOLARSHIP AWARDING AUTHORITY:

***(If Staff of UPNG state position:***

## 5: HAVE YOU EVER BEEN ENROLLED AT THIS UNIVERSITY?

Yes: No:

Year Graduated: Student ID:

Awarded Degree/Diploma:

**6: WHAT IS YOUR PROPOSED FIELD OF STUDY?**

7: **IN WHICH SCHOOL/STRAND OF THE UNIVERSITY DO YOU INTEND TO ENROL?**

8: Please attach a full description of the program you proposed to do at this University. Discuss the program in detail, with your (prospective) supervisors before finalizing the course of study. you're proposal and later substantial amendments must be approved and signed by at least one of the supervisors.

9: Name(s) and address(s) of member(s) of this university and names of other people in Papua New Guinea (if any) who have been consulted (and who could be considered) about this application:

1.

2.

3.

10: Give the name and address of one person who could be approached for a comment on your previous academic performance and qualifications to undertake a higher degree program:

**11. DETAILS OF PREVIOUS ACADEMIC CAREER AT TERTIARY LEVEL:**

| DATE | INSTITUTION | COURSES | DEGREE / DIPLOMA AWARDED |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

**12: DESCRIBE WITH DATES, THE RESEARCH TRAINING AND EXPERIENCE YOU HAVE HAD IN FIELDS RELEVENT TO THE ONE IN WHICH YOU PROPOSE TO WORK:**
**(*Please use a separate sheet, if necessary*).**

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

**13. THIS APPLICATION FORM MUST BE SIGNED BY THE APPLICANT.**

## DECLARATION

I hereby certify that I have read and understood the questions on this form. The answers are true and complete in every detail.

**SIGNATURE:** _____ **Date:** _____
*Applicant Signature*

**WITNESS:** _____ **Date:** _____
*Witness Signature*

**Checklist: Have You Included or Completed the Following?**

**Submission of Application:**

The applicant should submit the following documents together with the completed Application Form:

1. Photocopies of degree(s) and academic transcripts certified by a Commissioner for Oaths
2. Certificates of employment / work experiences
3. Three reference letters in separate sealed envelopes

4. Make sure to affix a photograph to the Application Form, with Receipt of **Application Fee of K50** per program/application paid into: **"University of Papua New Guinea General A/c" no: 1000583572 of BSP Bank, Waigani:**
5. Photocopy of the relevant pages of your passport, if you are an expatriate
6. Photocopy of your permanent resident visa, as issued by PNG Immigration Authority, if applicable.


**The Senior Assistant Registrar, (Enrolments)**
Academic and Student Administration Division
University of Papua New Guinea
PO Bo 320
**UNIVERSITY**
National Capital District

**Telephone:** 3267 537/3267 604

**Fax:** 3267 187

**Email:** enrollmentoffice@upng.ac.pg

**Website:** www.upng.ac.pg

Www.facebook.com