

**OSPE/OSCE PREPARATION FORM**

EXAM NAME : .....

NUMBER OF STATION: .....

STATION SPECIFIED/LIST:

| BIL | TYPE APPARATUS/ CHEMICAL/CONSUMABLES ETC | QUANTITY |
|-----|--|----------|
|     |  |          |
|     |  |          |
|     |  |          |

DATE OF EXAM : .....

TIME : .....

LECTURER NAME: .....

LABORATORY NAME : .....

( MULTIPURPOSE LAB/CLINICAL SKILL LAB/RESEARCH LAB)

OTHER LIST FOR PREPARATION :

| BIL | TYPE APPARATUS/ CHEMICAL/CONSUMABLES | QUANTITY |
|-----|--------------------------------------|----------|
|     |                                      |          |

**\*\*\* PLEASE SEND THIS FORM 2 WEEKS BEFORE DATE OF EXAM**

LECTURER SIGNATURE ,

.....

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( FOR OFFICE USE ONLY) \*\*\* WILL BE REPLIED 2 DAYS AFTER FORM SUBMITTED

DEAR SIR/MADAM,

**APPLICATION** ACCEPTED/NOT ACCEPTED **ON THE DATE** .....

**SCIENCE OFFICER SIGNATURE,**

.....

( **CHOP & SIGN**