



## Fellowship Application Form

### A. Personal Information

Name: .....  
Last First Middle

Gender:  Male  Female Date of Birth ( / / ) Place of Birth: .....

Marital Status:  Single  Married No. of Independents: .....

Nationality: ..... ID No. (Saudi or Passport): .....

### B. Contact Information

Address in Saudi Arabia:

Address: .....

Mobile No.: ..... Telephone No.: .....

Fax No.: ..... E-mail: .....

- Other Contact:

Name: .....

Address: .....

Mobile No.: ..... Telephone No.: .....

### C. Current Job Data

Job Title: ..... Department: .....

Institution: .....

### D. Requested Fellowship/Training Data

Subspecialty: ..... Academic Year: .....



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### E. Educational & Previous Experience Data

Degree Held: ..... Specialty: .....

School: ..... Country: .....

Year Obtained: ..... Grade/Score: ..... Out of: .....

Other Internship/Residency Programs/Work Experience:

Institution	Specialty	Period
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Postgraduate Qualifications	Date Obtained
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### F. Previous Fellowship/Training Programs

Have You Ever Been Granted a Fellowship Before: (if the answer YES, please list all the fellowship you have)

Yes  No

Period	Place	Program	Specialty	Result	Sponsor
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I hereby certify that the above information is correct & accurate to the best of my knowledge.

Applicant's Full Name:

Signature: ..... Date: / /



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### Admission Requirements

1. Acceptance Letter from Saudi Commission for Health Specialty.
2. Completed Application Form.
3. Updated CV.
4. MBBS Degree/ Internship Certificate/ Transcript.
5. GPA of 3 & above.
6. Saudi Board Certificate.
7. Minimum of three recommendation letters.
8. Copy of Saudi ID/ Passport.
9. Three personal photographs 4 x 6.
10. Sponsorship letter.
11. Valid Basic Life Support (BLS) Certificate.
12. Release letter from Military Field Medicine, MNGHA for the training program period  
(For Military Applicants).