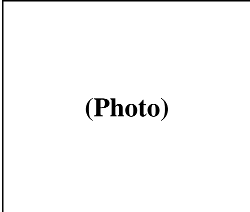
Kingdom of Saudi Arabia
Ministry of National Guard- Health Affairs
King Saud Bin Abdulaziz University for Health Sciences
King Abdulaziz Medical City, Central Region

APPLICATION FOR ADMISSION TO POSTGRADUATE RESIDENCY TRAINING PROGRAM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PERSONAL INFORMATION

Name : ____________________, ____________________
Last Name *First Name* *Middle Name*

Sex : ☐ **Male** ☐ **Female** **Saudi ID No.:** ____________________

Date of Birth : ____/____/_____ **Place of Birth:** ____________________

Marital Status : ☐ **Single** ☐ **Married** **No. of Dependents :** __________

Address in KSA : ____

Phone No. : ____________________ **Fax No.** : ____________________
Mobile No. : ____________________ **Email** : ____________________

Other Contact Person
Name : ____
Phone No. : ____________________ **Fax No.** : ____________________
Mobile No. : ____________________ **Email** : ____________________

I AM APPLYING FOR RESIDENCY TRAINING PROGRAM IN:

- ☐ **Advance Education In General Dentistry (AEGD)**
- ☐ **Anesthesia**
- ☐ **Critical Care Medicine**
- ☐ **Dermatology**
- ☐ **Dental Implant**
- ☐ **Endodontics**
- ☐ **Emergency Medicine**
- ☐ **ENT**
- ☐ **Family Medicine & PHC**
- ☐ **General Surgery**
- ☐ **Internal Medicine**
- ☐ **Neurology**
- ☐ **Neurosurgery**
- ☐ **Orthopedics Surgery**
- ☐ **Orthodontics**
- ☐ **Obstetrics/Gynecology**
- ☐ **Ophthalmology**
- ☐ **Oral Maxillofacial Surgery**
- ☐ **Pediatrics**
- ☐ **Pediatric Neurology**
- ☐ **Pediatric Dentistry**
- ☐ **Prosthodontics**
- ☐ **Periodontics**
- ☐ **Pathology**
- ☐ **Pediatric Surgery**
- ☐ **Pharmacy**
- ☐ **Plastic Surgery**
- ☐ **Radiology**
- ☐ **Restorative Dentistry**
- ☐ **Physical Medicine & Rehab.**
- ☐ **Psychiatry**
- ☐ **Urology**

If others, please specify: ____________________

Sponsor/ Institution (If Sponsored)

Sponsor/ Institution Name : ____

Director : ____

Tell No. : ____________________ **Fax No.:** ____________________ **Email :** ____________________

EDUCATION AND PREVIOUS EXPERIENCE

Degree Held : ____________________

Specialty : ____________________

School : ____________________

Address : ____________________

Year Graduated : ____________________ **Grade/Score** : ____________________

Internship Training:

Institution/Hospital	Specialty	Date	
		From	to

☐ **Entry Exam Obtained (SLE)** **Score :** ____________ ☐ **Entry Exam NOT Obtained**

Other Hospital of Volunteer work (please describe):

____

____

Other honors, awards, or prizes earned, if any:

____

____

What type of medical career do you see yourself following in (say) 10 years:

____

____

Have you obtained Saudi Board or equivalent?

____

____

What types of research activities have you engaged in?

____

____

List down any published scientific papers (specify title, Journal, and date):

____

____

Which Journal do you read regularly?

____

____

REFERENCES:

Please provide the names and addresses of three referees who are familiar with your educational or professional work

Name : ______________________________
Profession : ______________________________
Institution/Address : ______________________________
Phone No. : ______________ **Mobile No.** : ______________

Name : ______________________________
Profession : ______________________________
Institution/Address : ______________________________
Phone No. : ______________ **Mobile No.** : ______________

Name : ______________________________
Profession : ______________________________
Institution/Address : ______________________________
Phone No. : ______________ **Mobile No.** : ______________

Name : ______________________________
Profession : ______________________________
Institution/Address : ______________________________
Phone No. : ______________ **Mobile No.** : ______________

STATEMENT OF PURPOSE

Please give your reasons for wanting to pursue postgraduate medical education at King Abdulaziz Medical City Hospital, Riyadh (KAMC) in the area you have selected, Include the following:

- Your career objectives.
- Future professional plans.
- How King Abdulaziz Medical City (KAMC) program will help you meet your goals.
- Other information which you believe will help the admissions committee.

Write your statement in the space provided below or in a separate page (print or type):

This application is made with the understanding that, if I am accepted, I will serve for the full time for which I am appointed and I will faithfully observe the rules and regulations of King Abdulaziz Medical City (KAMC)

Signature : ______________________ **Date** : ______________________

Admission Requirements:

1. Acceptance letter from Saudi Commission for Health Specialties.
2. Completed application
3. Updated CV
4. MBBS Degree GPA of 3.5 & Above
5. Academic Transcript
6. Internship Certificate
7. Minimum of 3 recommendation letters
8. Saudi ID
9. Copy of Passport.
10. Three photographs
11. Sponsorship letter
12. Basic Life Support (BLS) Certificate.
13. Saudi Licensure Exam (SLE- for applicants for residency training program)

SUBMIT TO:
POSTGRADUATE MEDICAL EDUCATION (MC2338)
P. O. BOX 22490 RIYADH
11426, SAUDI ARABIA
Tel. No. (009661)2528800
Extension 13506/13364/13659
Fax No. 13413
Email: mededu1@ngha.med.sa