



King Saud University, King Khalid University Hospital
Residency / Fellowship Application Form (New Registration)



Program:

Type: Residency Fellowship Diploma

Program:

Registration No. (Office use only):

Personal Data:

Identification: Saudi ID No. Iqama No Passport No.....

1. Name: First Name..... Middle Name..... Family Name.....
(Arabic)

2. Gender..... 3. Nationality4. Religion.....5. Birth Date.....

6. Birth Place 7. Email.....

8. Home Address

9. Mailing Address

10. Phone 11. Mobile

12. Marital Status..... 13. Spouse Name

14. Dependent Information:

Name : Gender Age Relation

Name : Gender Age Relation

Name : Gender Age Relation

Name : Gender Age Relation

Name : Gender Age Relation

15. Father / Guardian's Name

16. Father / Guardian's Address.....

17. Father / Guardian's Contact No

18. Language Proficiency:

Arabic: Read Write Speak

English: Read Write Speak



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19. Emergency Contact:

Name

Address

Contact No. Email:

Sponsorship Information:

20. Sponsor Category

Address.....

Start Date : End Date :

Educational Information:

21. High School

Institute Name..... Degree.....

Start Date Graduation Date

Final Grade & % Marks

22. Medical School

Institute Name..... Degree.....

Start Date Graduation Date

Final Grade & % Marks

23. Internship

a. Service Institution

Start Date End Date..... Evaluation

b. Service Institution

Start Date End Date..... Evaluation

c. Service Institution

Start Date End Date..... Evaluation

d. Service Institution

Start Date End Date..... Evaluation



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Saudi Commission for Health Specialties:

24. Score Date Taken Licensing No. / Registration No.

Work Experience

- 25 a. Employer Position held
 Responsibilities
 Start Date End Date
- b. Employer Position held
 Responsibilities
 Start Date End Date
- c. Employer Position held
 Responsibilities
 Start Date End Date

Graduates Transferring from Programs outside KSU (optional):

26. Reason for Seeking Transfer
 Program & Level Required
 Other Information
27. a. Position Held Institution
 Start Date End Date
- b. Position Held Institution
 Start Date End Date
- c. Position Held Institution
 Start Date End Date

Publications:

28. a. Publication Title (Attach copy of publication)
 b. Publication Title (Attach copy of publication)
 c. Publication Title (Attach copy of publication)



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References:

29. a. Full name Email
- Address
- Contact No. Mobile No.
- b. Full name Email
- Address
- Contact No. Mobile No.
- c. Full name Email
- Address
- Contact No. Mobile No.

** I hereby declare that the information provided by me is true and my application is liable for rejection if any of the information is found to be false. I also hereby agree that I shall abide by all rules and regulations put forth by the Postgraduate Medical Education and King Saud University.*

Resident's Signature Date