



**APPLICATION FOR ADMISSION TO POSTGRADUATE MEDICAL TRAINING**  
(Answer all questions and write legibly)

Name: \_\_\_\_\_  
Last First Middle  
MOBILE NO. \_\_\_\_\_  
Address: \_\_\_\_\_ Tel. Nos.: (Work) \_\_\_\_\_  
Institution/Home Address City/Area Code & Number  
Postal Code, City & Zip Code (Home) \_\_\_\_\_  
City/Area Code & Number  
Date of Birth: (Hij) \_\_\_\_\_ Fax No.: (If any) \_\_\_\_\_  
Day/Month/Year City/Area Code & Number  
(Greg) \_\_\_\_\_ Saudi ID Card No.: \_\_\_\_\_  
Day/Month/Year  
Birthplace: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: ☐ Male ☐ Female  
Married: ☐ Yes ☐ No If yes, list the name(s) and age(s) of your dependent(s) and indicate relationship:  
Name Age Relationship  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<p>I am applying for training in the</p> <p><input type="checkbox"/> Advanced Education In General Dentistry (AEGD)</p> <p><input type="checkbox"/> Anesthesia</p> <p><input type="checkbox"/> Emergency Medicine</p> <p><input type="checkbox"/> Family &amp; Comm. Medicine</p> <p><input type="checkbox"/> General Surgery</p> <p><input type="checkbox"/> Internal Medicine</p> <p><input type="checkbox"/> Obstetrics/Gyneacology</p> <p><input type="checkbox"/> Psychiatry</p> <p><input type="checkbox"/> Neurology <input type="checkbox"/> Orthopedics</p> <p><input type="checkbox"/> Pharmacy <input type="checkbox"/> Pediatrics</p> <p><input type="checkbox"/> Plastic Surgery <input type="checkbox"/> ENT</p> <p><input type="checkbox"/> Radiology <input type="checkbox"/> Urology <input type="checkbox"/> Ophtha</p> <p><input type="checkbox"/> <input type="checkbox"/> Derma</p>	<p>My background and experience has prepared me for entry at the following level:</p> <p>Residency: <input type="checkbox"/> Year 1 <input type="checkbox"/> Year 2 <input type="checkbox"/> Year 3 <input type="checkbox"/> Year 4 <input type="checkbox"/> Year 5</p> <p>Fellowship: <input type="checkbox"/> Year 1 <input type="checkbox"/> Year 2</p> <p>Sponsor/Institution (if applicable):-</p> <p>Director: _____</p> <p>Address: _____</p> <p>Tel. No.: _____ Fax No.: _____</p> <p>COMMENTS: _____</p>	<p>(Please attach a recent passport size photograph of yourself here)</p> <p><b>SUBMIT TWO (2) COPIES</b></p> <p><b>ADMISSION REQUIREMENTS</b></p> <ol style="list-style-type: none"><li>1. MBBS degree</li><li>2. Internship Certificate</li><li>3. Saudi Council selection examination result</li><li>4. 3 letters of references</li><li>5. Transcript</li><li>6. Saudi ID card</li><li>7. Two Photographs</li></ol>
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## BIOGRAPHICAL RECORD

1) Medical School Attended:

City/Country:

Medical Degree: ☐ M.B.B.S.  
☐ M.B., Ch.B.  
☐ M.D.  
☐ B.D.S.  
☐ Other (specify):

Dates: From

To

Medical School Grade:

☐ Pass  
☐ Good  
☐ Very Good  
☐ Excellent

Date Degree Awarded: (Hij)

(Greg)

Month/Year

Month/Year

Class Standing/Honors:

2) Medical Internship

a) Institution: \_\_\_\_\_  
City: \_\_\_\_\_  
Dates: From \_\_\_\_\_ To \_\_\_\_\_

b) Institution: \_\_\_\_\_  
City: \_\_\_\_\_  
Dates: From \_\_\_\_\_ To \_\_\_\_\_

c) Institution: \_\_\_\_\_  
City: \_\_\_\_\_  
Dates: From \_\_\_\_\_ To \_\_\_\_\_

3) Medical Residency

a) Institution: \_\_\_\_\_  
Department: \_\_\_\_\_  
City: \_\_\_\_\_  
Dates: From \_\_\_\_\_ To \_\_\_\_\_

4) Other Postgraduate Education

a) Institution: \_\_\_\_\_  
Course of Study: \_\_\_\_\_  
Dates: From \_\_\_\_\_ To \_\_\_\_\_

5) Other Hospital of Volunteer Work (please describe):

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

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

☐ Private practice

☒ Hospital consultant

☐ Academic medicine

☐ Administration

☐ Emergency medicine

☐ Medical research

☐ Public health

☐ Other, specify: \_\_\_\_\_

### BIOGRAPHICAL RECORD (Continued)

- 8) Have you obtained an Arab Board Certification or equivalent? ☐ Yes ☐ No

If yes, specify: \_\_\_\_\_ Date Obtained: \_\_\_\_\_

If no, list exams taken: Exam: \_\_\_\_\_ Date: \_\_\_\_\_ Result: \_\_\_\_\_  
Exam: \_\_\_\_\_ Date: \_\_\_\_\_ Result: \_\_\_\_\_

- 9) Have you taken any qualifying examinations? ☐ Yes ☐ No

If yes, please name them (examples: FMGEMS/USMLE, CEE, TOEF, Other):

a) Exam: \_\_\_\_\_ Date: \_\_\_\_\_ Result: \_\_\_\_\_

b) Exam: \_\_\_\_\_ Date: \_\_\_\_\_ Result: \_\_\_\_\_

- 10) What types of research activities have you engaged in?

\_\_\_\_\_  
\_\_\_\_\_

- 11) List down any published scientific papers (specify title, journal, and date):

\_\_\_\_\_  
\_\_\_\_\_

- 12) Which medical journal do you read regularly?

\_\_\_\_\_  
\_\_\_\_\_

- 13) REFERENCES: Please provide the names and addresses of three referees who are familiar with your educational or professional work (print):

a) Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Postal Address: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_ FAX No.: \_\_\_\_\_

b) Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Postal Address: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_ FAX No.: \_\_\_\_\_

c) Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Postal Address: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_ FAX No.: \_\_\_\_\_

## STATEMENT OF PURPOSE

Please give your reasons for wanting to pursue postgraduate medical education at King Fahad National Guard Hospital (KFNGH) in the area you have selected.

Include the following: \* Your career objectives

- \* Future professional plans
- \* How the KFNGH 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 image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

Note the Residency Applicants: Appointments can be made for one year only, subject to continuing advancement as opportunity and performance permit, but this institution is not obligated to extend any appointment beyond one year. Appointments are made for a specific service. No departmental chairman can guarantee an appointment on service outside of his own department.

*\*This application is made with the understanding that, if I am appointed, I will serve for the full time for which I am appointed and I will faithfully observe the rules and regulations of King Fahad National Guard Hospital (KFNGH).*

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_