



Application Form

1. Personal

Full Name

Place of Birth Date of Birth

Passport no. National ID card no.

Martial Status:

Address

Telephone no. E-mail

Fax no. Staff no.

2. Academic Education

1. Name of University / College Attended

2. Degree Obtained

3. Date of Graduation

4. Date & institution of Internship.....

5. Current Position

Dept Hospital

Postgraduate Qualifications: (e.g. MRCP, FRCS, MCCEE, USMLE etc if applicable):

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Postgraduate Training Experience (if applicable):

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3. Specialty (list in priority):

- 1.
- 2.
- 3.

4. Sponsorship:

- Sultan Qaboos University
- Ministry of Health region
- Armed Force Medical Service
- Royal Oman Police
- Others (Specify)
.....
.....

Sponsor Signature

Date:

I declare that all information provided in this application form is true, complete and correct to the best of my knowledge and belief. I understand that any misrepresentation or material omission made on the application form or any document requested renders a trainee liable to termination of training.

Signature:..... **Date**

Please include the following:

- CV
- Photocopy of Basic science and MD academic transcripts
- Photocopy of MD and Internship certificate
- Photocopy of three letters of recommendation
- Photocopy of passport and/or ID card
- Passport size photographs (4) on a blue background
- Personal statement – Reason for choosing the specialty you are most interested in
- Photocopy of immunization report and hepatitis (B & C)

* Note: Interns who do not have a sponsor yet, may leave section 4 blank.