

APPENDIX B



Ministry of National Guard- Health Affairs
King Saud Bin Abdulaziz University for Health Sciences
Postgraduate Medical Education



APPLICATION FOR ADMISSION TO
POSTGRADUATE FELLOWSHIP TRAINING PROGRAM

Facility: Central Region Western Region Eastern Region Al Madinah Al Monawarah

PERSONAL INFORMATION

(Photo)

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 : _____

CURRENT JOB INFORMATION

Current Job Title : _____

Department : _____

Institution : _____

Phone No. : _____ Ext. No. _____ Email: _____

REQUESTED FELLOWSHIP

Fellowship Program : _____

Program Duration : _____ Program Start Date : _____

Sponsor/ Institution

Sponsor/ Institution Name : _____

Director : _____

Tell No. : _____ Fax No.: _____ Email : _____

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EDUCATION AND PREVIOUS EXPERIENCE

1-Postgraduate Qualification : _____
Date Obtained : _____

2-Postgraduate Qualification : _____
Date Obtained : _____

3-University Degree Held : _____
Specialty : _____
School : _____
Address : _____
Year Graduated : _____ **Grade/Score** : _____

Other Internship/Residency Programs Work Experience:

Institution/Hospital	Specialty	Date	
		From	To

Sponsor/ Institution

Have you ever been granted a fellowship before : YES NO

If the answer to Item 15 is (Yes), please list all Fellowship/training you have received:

Period (from-to)	Place	Program	Result	Sponsor

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 Ministry of National Guard- Health Affairs

Signature : _____ **Date** : _____

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Admission Requirements:

1. Sponsorship Letter from the employer.
2. Saudi Council Acceptance letter.
3. Application Form.
4. Saudi ID & Passport.
5. CV (Updated).
6. Bachelor's degree in Medicine and Surgery.
7. Academic transcript.
8. Internship Certificate.
9. Saudi Board certificate or professional classification certificate in case of obtaining board certificate from outside the Kingdom
10. Valid Basic Life Support Certificate (BLS).
11. Three letters of recommendation. (at least).
12. Three (3) personal photo 4 × 6.
13. Valid Professional Classification and Registration Record.
14. Valid Medical Error Insurance.
15. Medically Fit.
16. Any further requirements.

SUBMIT TO:

Postgraduate Medical Education in the selected facility:

Riyadh: Postgraduate Medical Education (MC2338)
King Abdulaziz Medical City in Central Region (KAMC-CR)
Tel. No. (009661)2528800
Extension 10594/13240
Fax No. 13413
Email: mededul@ngha.med.sa

Jeddah: Postgraduate Medical Education (MC6133)
King Abdulaziz Medical City in Western Region (KAMC-WR)
Tel. No. (0096612) 226 6666
Extension. 21372/21373/28340/24644/22461/24898/28186/22774
Email: pgmewr@ngha.med.sa

Al Ahsa: Postgraduate Education (MC111)
Tel. No. (0096613) 533 9999
Extension 38382/36901/38395/33878/33885/33889
Fax No. 33888
Email: medicale2@ngha.med.sa

Dammam: Postgraduate Education (MC091)
Tel. No. (0096613)8532555 / 0138532730
Extension 32730 / 32731 / 32732 /32734
Email: DmpostgraduateEdu@ngha.med.sa

Madinah: Postgraduate Education & Academic Affairs (MC951)
P. O. BOX 40740 Madinah
Tel. No. (0096614)8669999
Extension 68415/68074/68876
Email: mededu-pmbah@ngha.med.sa