



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. Nationality ..... 4. 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 .....



## KSU FELLOWSHIP & DIPLOMA APPLICATION REQUIREMENTS

1. Submit all the requirements listed below:
  - ✓ Application form (available at our office or visit [www.medicine.ksu.edu.sa](http://www.medicine.ksu.edu.sa) to download)
  - ✓ Curriculum Vitae (C.V)
  - ✓ Specialty Certificate (if applying for the sub specialty fellowship)
  - ✓ MBBS and Internship (copy)
  - ✓ Transcript of records (copy)
  - ✓ SLE: Saudi Council License Exam (copy)
  - ✓ 3 letters of recommendation
  - ✓ Letter of no objection from the sponsor
  - ✓ Postgraduate certificates copy (if any)
  - ✓ Saudi ID/Iqama and Passport Copies
  - ✓ 3 pictures (passport size)
  - ✓ Copy of BLS and ACLS
2. Application should be submitted on or before the given deadline. Any incomplete application will not be accepted.
3. Candidate's file will be forwarded to the Department Program Director for review.
4. Accepted applicant will be informed in writing or by telephone contact to attend the selection exam.
5. Releasing of the selection exam result, will be within 1-3 weeks.
6. Acceptance letters for the successful candidates, 2-3 weeks.
7. Successful candidates must prepare the release letter from the sponsor and an annual fee of SR1, 200/- for the first year of training (for Non-Saudis the annual training fee will be SR30,000/-). Failure to comply with these requirements on or before the given deadline will be disqualify to enter the training program.
8. All fellowship and Diploma programs will start every 1<sup>st</sup> October.

**ALL PAYMENTS CAN BE MADE BY SPAN, CASH, BANKDRAFT PAYABLE  
TO [MEDICAL EDUCATION CENTER, COLLEGE OF MEDICINE, KSU](#)**

For more information please contact:

Residency Office Secretaries at tel. # +966-11-469-9128 / 467-2609 / 467-1551 / 1554 / 1556 / ext 22,30,33,39

Fax #+966 11 469 9126 [www.medicine.ksu.edu.sa](http://www.medicine.ksu.edu.sa)



## DATES OF SELECTION EXAM / INTERVIEW FOR KING SAUD UNIVERSITY FELLOWSHIP AND DIPLOMA PROGRAMS 2014-15 (1436-37)

NAME OF THE PROGRAM	DATE OF SELECTION EXAM / INTERVIEW	DEADLINE FOR SUMISSION OF APPLICATION
<b>KSU RESIDENCY PROGRAMS</b>		
ANAESTHESIA	Sunday 03 <sup>rd</sup> May 2015 14 <sup>th</sup> Rajab 1436	Sunday 26 <sup>th</sup> April 2015 07 <sup>th</sup> Rajab 1436
INTERNAL MEDICINE	Wednesday & Thursday 06 – 07 May 2015	Thursday 16 <sup>th</sup> April 2015 27 <sup>th</sup> Jumada II 1436
OPHTHALMOLOGY	Wed 11th & Thur 12th Mar 2015	Wednesday 12th February 2015
OTORHINOLARYNGOLOGY (ENT)	<b>Done</b>	
RADIOLOGY	Wednesday 25 <sup>th</sup> March 2015 05 <sup>th</sup> Jumada II 1436	Wednesday 25 <sup>th</sup> March 2015 05 <sup>th</sup> Jumada II 1436
NEUROLOGY	Thursday 02nd April 2015 13 <sup>th</sup> Jumada II 1436	Wednesday 01st April 2015 12 <sup>th</sup> Jumada II 1436
DERMATOLOGY	Tuesday 05th May 2015 16 <sup>th</sup> Rajab 1436	Sunday 26 <sup>th</sup> April 2015 07 <sup>th</sup> Rajab 1436
CLINICAL PATHOLOGY	Thursday 07 <sup>th</sup> May 2015 18 <sup>th</sup> Rajab 1436	Thursday 30 <sup>th</sup> April 2015 11 <sup>th</sup> Rajab 1436
HEMATOPATHOLOGY	Thursday 07 <sup>th</sup> May 2015 18 <sup>th</sup> Rajab 1436	Thursday 30 <sup>th</sup> April 2015 11 <sup>th</sup> Rajab 1436
HISTOPATHOLOGY	Thursday 07 <sup>th</sup> May 2015 18 <sup>th</sup> Rajab 1436	Thursday 30 <sup>th</sup> April 2015 11 <sup>th</sup> Rajab 1436
MICROBIOLOGY	Thursday 07 <sup>th</sup> May 2015 18 <sup>th</sup> Rajab 1436	Thursday 30 <sup>th</sup> April 2015 11 <sup>th</sup> Rajab 1436
<b>KSU Diploma Programs</b>		
FIELD EPIDEMIOLOGY	Tuesday 05th May 2015 16 <sup>th</sup> Rajab 1436	Thursday 30 <sup>th</sup> April 2015 11 <sup>th</sup> Rajab 1436
OBSTETRICS AND GYNAECOLOGY ULTRASOUND	<b>To be Announced</b>	<b>To be Announced</b>
COGNITIVE BEHAVIORAL THERAPY	<b>To be Announced</b>	<b>To be Announced</b>