



No.: ..... الرقم:

Date: ..... التاريخ:

## CONSENT

This confirms my acceptance for the \_\_\_\_\_ year(s) residency/fellowship  
(no. of yrs.)

position in the \_\_\_\_\_ program  
(name of residency/fellowship program)

at King Khalid University Hospital/King Saud University as my training  
center, effective \_\_\_\_\_.  
(date)

I understand that upon acceptance of this offer, I will not accept any other  
offer from any hospital.

\_\_\_\_\_  
Resident/Fellow signature

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE