



King Saud University, King Khalid University Hospital  
Application Form – Visiting - Rotating Residents



**Program:**

Type:	Residency	Fellowship
PGY Level .....	Program .....	
Rotation .....		
Clinical Department .....	Unit: .....	
Proposed Start Date: .....	Proposed End Date:.....	

**Personal Data:**

Identification : Saudi ID No. .... Iqama No ..... Passport No.....

1. Name: First Name..... Middle Name..... Family Name.....

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 (if Female) .....

14. Father / Guardian's Name .....

15. Father / Guardian's Address.....

16. Father / Guardian's Contact No. ....

17. Emergency Contact:

Name .....

Address .....

Contact No. ....

**Education:**

18. Medical School: .....

Degree ..... Graduation Date .....



**Saudi Commission for Health Specialties**

18. Licensing No. / Registration No. ....

**Present Employment**

19. Organization Name .....

20. Position held .....

21. Responsibilities .....

22. Start Date .....

*\* 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.*

**Attached letter from the resident’s home Program Director approving rotation / Letter from Saudi Commission for Health Specialties**

**Letter from receiving Program Director**

**Copy of ID**

**Copy of Saudi Commission for Health Specialties License**

**Application Form**

Resident’s Signature ..... Date .....