

Higher National Committee for Advanced Medical Training

PHOTO
(4X6 cm)

International Fellowship for Academic Year 2023/2024

PERSONAL:

Full Name National ID Card No.....

E-mail Telephone:

EMPLOYMENT:

- Sultan Qaboos University Ministry of Defense Royal Oman Police
 Royal Court Affairs Diwan of Royal Court Ministry of Health

If MoH, Specify the Directorate General & Hospital

Current position:..... Staff no.:.....

EDUCATION

Name of University/College Attended.....

Date of Graduation

Name of the Residency program which you completed:.....

Training body:..... Date of Completion:.....

Do you hold an OMSB Specialty Certificate or equivalent?..... Date:.....

Postgraduate Qualifications/ International Exams (e.g. MCCEE, MCCQE1, USMLE, AMC, MRCP, MRCS, etc., if any)

Do you have a valid IELTS or OET certificate?.....

- Listening Reading Writing Speaking Overall score

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Acceptance Details

University/ Hospital Name:

Country: :

Program Name:

Duration (in years): :

Start Date: End Date:

NAMES AND CONTACT DETAILS OF THREE (3) REFEREES

1.
Phone No. E-mail
2.
Phone No. E-mail
3.
Phone No. E-mail

Please submit the following: (tick the boxes)

- Curriculum Vitae (updated)
- Certificate of Completion of Training
- Specialty Certificate
- Official Acceptance
- Proof of English Language Proficiency Test, if Any (IELTS, OET)
- Postgraduate Qualifications
- Curriculum
- Photocopy of Passport

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 misinterpretation or material omission made on application form or any document requested renders a trainee liable to termination of training.

Applicant's Signature: **Date:**