



Photo
4 x 6

Rejoining Application Form

I. Personal Information:

Full Name:
Place of Birth: Date of Birth: Nationality:
Passport No. National ID Card No. Marital Status:
Permanent Address: Mobile No.
E-Mail: Email 2: Staff No.:
Contact Person in Case of Emergency: Contact No.:
List any Disabilities or Diseases:

II. Academic Education:

1. Current Employment:

Employed (Working) ☐
Paid Leave ☐
Unpaid Leave ☐
Sick Leave ☐

Others, please specify

Institution:Dept.:

Current Position:

2. Date of joining the residency at OMSB: Date of Withdrawal:
3. Program at time of Withdrawal:
4. Level of Training at time of withdrawal:
5. Program Applying for at Rejoining:



6. Postgraduate Qualifications – proof of documentation:

MRCP ☐

FRCS ☐

MCCEE ☐

USMLE ☐

Others, please specify:

7. Postgraduate Training Experience – proof of documentation:

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III. Sponsorship:

University Medical City ☐

Ministry of Health, Governorate ☐

Medical City for Military & Security Services (MCMSS) ☐

Others, please specify:

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Name of Authorized Person:

Authorized Sponsor Signature & Stamp: **Date:**

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

Signature: **Date:**

List of required documents:

- Curriculum Vitae (OMSB Format)
- Previous clinical experience assessment reports during withdrawal period (outside OMSB)
- Personal statement – reasons for withdrawal and rejoining and selection of program
- Applicant Health Assessment (AHA) Form
- Photocopy of any results of entry exams, international exams or other postgraduate exams (if applicable)
- One (1) passport size photograph with blue background