



Application Form For Supplementary One Year Training

Photo
(passport size with white
background)

I. Personal Information:

Full Name (En):
Full Name (AR):
Date of Birth:
Nationality..... Passport No. Passport Expiry Date:.....
National ID Card No. ID Card Expiry Date:
Permanent Address: Country,..... Region, Wilayat:
E-Mail: Marital Status:
Mobile No. Staff No. (Optional):
Name of Next of Kin (NOK): Contact No. of NOK:

II. Academic Education:

1. Current Employment:

Institution:Dept.:
Current Position:

2. Supplementary One Year Training (Program Name):

3. Date of Residency at OMSB (Date of joining): Date of Completion:



III. Employer:

- Ministry of Health (MOH), Governorate ☐
- University Medical City ☐
- Medical City for Military and Security Services ☐
- Diwan of Royal Court ☐
- Others, please specify:

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.

Applicant Signature: **Date:**

List of required documents:

- Curriculum Vitae
- Applicant Health Assessment (AHA) Form together with valid lab tests and immunization reports
- Completion of training certificate from OMSB
- Photocopy of any results of entry exams, international exams or other postgraduate exams (if applicable)
- Copy of valid BLS & ACLS Certificates
- One (1) passport size photograph with white background

Note: Application form supplementary for one-year training must be submitted at least four (4) months prior to the start of new the academic year in OMSB.