

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

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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:

- Sultan Qaboos University
- Ministry of Health, Governorate
- Armed Forces Medical Service
- Royal Omani Police

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