

CURRICULUM VITAE

I. DEMOGRAPHIC INFORMATION SECTION

Name (As per passport):

Date of Birth:

Nationality: National ID No.

Passport No. Marital Status:

Permanent Address:

Wilayat/Region:

Mobile No. Staff No.

E-Mail Address:

Name of Next of Kin (NOK): Contact No. of NOK:

II. QUALIFICATION DATA SECTION

1. Secondary School:

School: _____ From: _____ To: _____

Country: _____

2. BSc/Medical School:

Institution: _____ From: _____ To: _____

Country: _____

3. Internship

Department: _____ From: _____ To: _____

Hospital: _____

Country: _____

Department: _____ From: _____ To: _____

Hospital: _____

Country: _____

Department: _____ From: _____ To: _____

Hospital: _____

Country: _____

4. Postgraduate Training (Applicable for Fellowship Training)

(Residency Training Details) Institution/Country: _____

From: _____ To: _____

Certification Awarded: _____

Date Awarded: _____

5. Clinical Electives

| | |
|-------------------------|-------|
| Department, Institution | Dates |
| _____ | _____ |

| | |
|-------------------------|-------|
| Department, Institution | Dates |
| _____ | _____ |

| | |
|-------------------------|-------|
| Department, Institution | Dates |
| _____ | _____ |

6. The Basic Certificates Courses:

- BLS Expiry Date:
- ACLS Expiry Date:

III. SCHOLARLY ACTIVITIES SECTION

1. Research:

Project Title: _____

Position: _____ Inclusive Dates: _____

Institution: _____ Department: _____

Mentor: _____

Project Title: _____

Position: _____ Inclusive Dates: _____

Institution: _____ Department: _____

Mentor: _____

2. Publications:

Last, First, Middle Initial of authors as listed in the paper. Underline your name. Title of article, Journal, Publication date; vol. (issue): pages. (Should include abstracts).

3. Presentations:

Name of Conference, Presentation title, (if 'placed', list here), Date and Location

Name of Conference, Presentation title, (if 'placed', list here), Date and Location

4. Honors and Awards

Award, Institution, Date Conferred

5. Community Services/Volunteer Experience (Health-Related Fields)

From: _____ To: _____

From: _____ To: _____
