



**Application for International Fellowship
For Medical Doctors Working in Private Sector/
Unemployed
Academic Year 2023/2024**

PERSONAL:

Full Name National ID No.....
E-mail Telephone:
Date of Birth: Nationality:

EMPLOYMENT STATUS:

Unemployed
 Private, please specify the Employer.....

EDUCATION & POSTGRADUATE TRAINING:

Name of University/College Attended.....
Degree Obtained & Date of Graduation
Date of Internship: From: To Institution of Internship:
Please state the name of the Residency program which you completed:.....
Training body:..... Date of Completion:.....
Do you hold an OMSB Specialty Certificate or equivalent? Date:.....
Other Postgraduate Qualifications and International Exams (e.g. MRCS, MRCP, MCCEE, MCCQE1, USMLE, AMC, Arab Board, etc.)
.....

Do you have a valid IELTS or OET certificate?..... Please state your scores:

Listening Reading Writing Speaking Overall score

Fellowship Program of interest:

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Please submit the following: (tick the boxes)

- Personal Statement (reason for choosing the sub-specialty you are most interested in)
- Curriculum Vitae (updated)
- Copy of Bachelor and MD (or equivalent) Degrees in Arabic and English
- Transcript of Academic records (in English)
- Internship Certificate
- Certificate of Completion of Training
- Specialty Certificate
- Postgraduate Qualifications
- Scores of International Exams (if applicable)
- Proof of English Language Proficiency Test (IELTS) or OET (if applicable)
- Photocopy of Passport
- 3 Recommendation Letters from Consultants (less than 18 months from the date of issue)
- No objection letter from employer (if employed)

Please submit evidence of any Postgraduate Qualification you hold, including scores. Missing qualifications will not be considered.

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:**