

APPENDIX B



Ministry of National Guard- Health Affairs  
King Saud Bin Abdulaziz University for Health Sciences  
Postgraduate Medical Education



APPLICATION FOR ADMISSION TO  
POSTGRADUATE FELLOWSHIP TRAINING PROGRAM

Facility:  Central Region  Western Region  Eastern Region  Al Madinah Al Monawarah

PERSONAL INFORMATION

(Photo)

Name : \_\_\_\_\_ ,  
Last Name First Name Middle Name

Sex :  Male  Female Saudi ID No.: \_\_\_\_\_

Date of Birth : \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth: \_\_\_\_\_

Marital Status :  Single  Married No. of Dependents : \_\_\_\_\_

Address in KSA : \_\_\_\_\_

Phone No. : \_\_\_\_\_ Fax No. : \_\_\_\_\_

Mobile No. : \_\_\_\_\_ Email : \_\_\_\_\_

Other Contact Person

Name : \_\_\_\_\_

Phone No. : \_\_\_\_\_ Fax No. : \_\_\_\_\_

Mobile No. : \_\_\_\_\_ Email : \_\_\_\_\_

CURRENT JOB INFORMATION

Current Job Title : \_\_\_\_\_

Department : \_\_\_\_\_

Institution : \_\_\_\_\_

Phone No. : \_\_\_\_\_ Ext. No. \_\_\_\_\_ Email: \_\_\_\_\_

REQUESTED FELLOWSHIP

Fellowship Program : \_\_\_\_\_

Program Duration : \_\_\_\_\_ Program Start Date : \_\_\_\_\_

Sponsor/ Institution

Sponsor/ Institution Name : \_\_\_\_\_

Director : \_\_\_\_\_

Tell No. : \_\_\_\_\_ Fax No.: \_\_\_\_\_ Email : \_\_\_\_\_

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**EDUCATION AND PREVIOUS EXPERIENCE**

**1-Postgraduate Qualification** : \_\_\_\_\_  
**Date Obtained** : \_\_\_\_\_

**2-Postgraduate Qualification** : \_\_\_\_\_  
**Date Obtained** : \_\_\_\_\_

**3-University Degree Held** : \_\_\_\_\_  
**Specialty** : \_\_\_\_\_  
**School** : \_\_\_\_\_  
**Address** : \_\_\_\_\_  
**Year Graduated** : \_\_\_\_\_ **Grade/Score** : \_\_\_\_\_

**Other Internship/Residency Programs Work Experience:**

Institution/Hospital	Specialty	Date	
		From	To

**Sponsor/ Institution**

Have you ever been granted a fellowship before :  YES  NO

If the answer to Item 15 is (Yes), please list all Fellowship/training you have received:

Period (from-to)	Place	Program	Result	Sponsor

*This application is made with the understanding that, if I am accepted, I will serve for the full time for which I am appointed and I will faithfully observe the rules and regulations of Ministry of National Guard- Health Affairs*

**Signature** : \_\_\_\_\_ **Date** : \_\_\_\_\_

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### Admission Requirements:

1. Acceptance letter from Saudi Commission for Health Specialties.
2. Completed application
3. Updated CV
4. MBBS Degree
5. Academic Transcript
6. Internship Certificate
7. Minimum of 3 recommendation letters
8. Saudi ID
9. Copy of Passport.
10. Three photographs
11. Sponsorship letter (directed to Director of Postgraduate Medical Education).
12. Valid Basic Life Support (BLS) Certificate.
13. Saudi Board or Equivalent classified by SCHS.
14. Fit for the profession as per the institution policy (proof of medical checkup).
15. Any further requirements.

### SUBMIT TO:

Postgraduate Medical Education in the selected facility:

**Riyadh:** Postgraduate Medical Education (MC2338)  
King Abdulaziz Medical City in Central Region (KAMC-CR)  
Tel. No. (009661)2528800  
Extension 13506/13364/13659  
Fax No. 13413  
Email: [mededu1@ngha.med.sa](mailto:mededu1@ngha.med.sa)

**Jeddah:** Postgraduate Medical Education (MC6133)  
King Abdulaziz Medical City in Western Region (KAMC-WR)  
Tel. No. (0096612) 226 6666  
Extension. 21372/21373/28340/24644/22461/24898/28186/22774  
Email: [pgmewr@ngha.med.sa](mailto:pgmewr@ngha.med.sa)

**Al Ahsa:** Postgraduate Education (MC111)  
Tel. No. (0096613) 533 9999  
Extension 38382/36901/38395/33878/33885/33889  
Fax No. 33888  
Email: [medicale2@ngha.med.sa](mailto:medicale2@ngha.med.sa)

**Dammam:** Postgraduate Education (MC091)  
Tel. No. (0096613)8532555 / 0138532730  
Extension 32730 / 32731 / 32732 /32734  
Email: [DmpostgraduateEdu@ngha.med.sa](mailto:DmpostgraduateEdu@ngha.med.sa)

**Madinah:** Postgraduate Education & Academic Affairs (MC951)  
P. O. BOX 40740 Madinah  
Tel. No. (0096614)8669999  
Extension 68415/68074/68876  
Email: [mededu-pmbah@ngha.med.sa](mailto:mededu-pmbah@ngha.med.sa)