PHOTO
(4X6 cm)

Higher National Committee for Advanced Medical Training

International Fellowship for Academic Year 2023/2024

PERSONAL:

Full Name ……..….National ID Card No……...……

E-mail ……...…Telephone: …….……...……...……

EMPLOYMENT:

☐ Sultan Qaboos University ☐ Ministry of Defense ☐ Royal Oman Police

☐ Royal Court Affairs ☐ Diwan of Royal Court ☐ Ministry of Health ….…….....

If MoH, Specify the Directorate General & Hospital ……..……...

Current position:…...……..……Staff no.:……..……

EDUCATION

Name of University/College Attended……

Date of Graduation ……..

Name of the Residency program which you completed:..……..…….

Training body:……..…….... Date of Completion:……...……..

Do you hold an OMSB Specialty Certificate or equivalent?…….. Date:……

Postgraduate Qualifications/ International Exams (e.g. MCCEE, MCCQE1, USMLE, AMC, MRCP, MRCS, etc., if any) ……..……..……..

…….

Do you have a valid IELTS or OET certificate?.....

☐ Listening ☐ Reading ☐ Writing ☐ Speaking ☐ Overall score

Higher National Committee for Advanced Medical Training

Acceptance Details

University/ Hospital Name:……..

Country: :……..

Program Name: ……..……..…….……..

Duration (in years): :……

Start Date: ……..…….. End Date: …….……..

NAMES AND CONTACT DETAILS OF THREE (3) REFEREES

1. ……
   Phone No. …… E-mail …….……...
2. ……
   Phone No. …… E-mail …….……
3. ……
   Phone No. …… E-mail …….……

Please submit the following: (tick the boxes)

- ☐ Curriculum Vitae (updated)
- ☐ Certificate of Completion of Training
- ☐ Specialty Certificate
- ☐ Official Acceptance
- ☐ Proof of English Language Proficiency Test, if Any (IELTS, OET)
- ☐ Postgraduate Qualifications
- ☐ Curriculum
- ☐ Photocopy of Passport

Employment Details:

Employer: …….

Name of Authorized Person: ……. Designation: ……

Authorized person signature and stamp: ……..……..Date: ……

(For MOH/ Directorate General of Human Recourses)

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:** ……..