



King Saud University, King Khalid University Hospital  
Residency / Fellowship Application Form (New Registration)



**Program:**

Type:  Residency  Fellowship  Diploma

Program: .....

Registration No. (Office use only): .....

**Personal Data:**

Identification:  Saudi ID No. ....  Iqama No .....  Passport No.....

1. Name: First Name..... Middle Name..... Family Name.....  
(Arabic) .....

2. Gender..... 3. Nationality .....4. Religion.....5. Birth Date.....

6. Birth Place ..... 7. Email.....

8. Home Address .....

9. Mailing Address .....

10. Phone ..... 11. Mobile .....

12. Marital Status..... 13. Spouse Name .....

14. Dependent Information:

Name : ..... Gender ..... Age ..... Relation .....

Name : ..... Gender ..... Age ..... Relation .....

Name : ..... Gender ..... Age ..... Relation .....

Name : ..... Gender ..... Age ..... Relation .....

Name : ..... Gender ..... Age ..... Relation .....

15. Father / Guardian's Name .....

16. Father / Guardian's Address.....

17. Father / Guardian's Contact No .....

18. Language Proficiency:

Arabic:  Read  Write  Speak

English:  Read  Write  Speak



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19. Emergency Contact:

Name .....

Address .....

Contact No. .... Email: .....

**Sponsorship Information:**

20. Sponsor ..... Category .....

Address.....

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

**Educational Information:**

21. High School

Institute Name..... Degree.....

Start Date ..... Graduation Date .....

Final Grade & % Marks .....

22. Medical School

Institute Name..... Degree.....

Start Date ..... Graduation Date .....

Final Grade & % Marks .....

23. Internship

a. Service ..... Institution .....

Start Date ..... End Date..... Evaluation .....

b. Service ..... Institution .....

Start Date ..... End Date..... Evaluation .....

c. Service ..... Institution .....

Start Date ..... End Date..... Evaluation .....

d. Service ..... Institution .....

Start Date ..... End Date..... Evaluation .....



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**Saudi Commission for Health Specialties:**

24. Score ..... Date Taken ..... Licensing No. / Registration No. ....

**Work Experience**

- 25 a. Employer ..... Position held .....  
 Responsibilities .....  
 Start Date ..... End Date .....
- b. Employer ..... Position held .....  
 Responsibilities .....  
 Start Date ..... End Date .....
- c. Employer ..... Position held .....  
 Responsibilities .....  
 Start Date ..... End Date .....

**Graduates Transferring from Programs outside KSU (optional):**

26. Reason for Seeking Transfer .....  
 Program & Level Required .....  
 Other Information .....
27. a. Position Held ..... Institution .....  
 Start Date ..... End Date .....
- b. Position Held ..... Institution .....  
 Start Date ..... End Date .....
- c. Position Held ..... Institution .....  
 Start Date ..... End Date .....

**Publications:**

28. a. Publication Title (Attach copy of publication) .....
- b. Publication Title (Attach copy of publication) .....
- c. Publication Title (Attach copy of publication) .....





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**References:**

29. a. Full name ..... Email .....
- Address .....
- Contact No. .... Mobile No. ....
- b. Full name ..... Email .....
- Address .....
- Contact No. .... Mobile No. ....
- c. Full name ..... Email .....
- Address .....
- Contact No. .... Mobile No. ....

*\* I hereby declare that the information provided by me is true and my application is liable for rejection if any of the information is found to be false. I also hereby agree that I shall abide by all rules and regulations put forth by the Postgraduate Medical Education and King Saud University.*

Resident's Signature ..... Date .....



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**KSU FELLOWSHIP & DIPLOMA APPLICATION REQUIREMENTS**

1. Submit all the requirements listed below:
  - ✓ Application form (available at our office or visit [www.medicine.ksu.edu.sa](http://www.medicine.ksu.edu.sa) to download)
  - ✓ Curriculum Vitae (C.V)
  - ✓ MBBS and Internship (copy)
  - ✓ Transcript of records (copy)
  - ✓ SLE: Saudi Council License Exam (copy)
  - ✓ 3 letters of recommendation
  - ✓ Letter of no objection from the sponsor
  - ✓ Postgraduate certificates copy (if any)
  - ✓ Saudi ID/Iqama and Passport Copies
  - ✓ 3 pictures (passport size)
  - ✓ Copy of BLS and ACLS
2. Application should be submitted on or before the given deadline. Any incomplete application will not be accepted.
3. Candidate's file will be forwarded to the Department Program Director for review.
4. Accepted applicant will be informed in writing or by telephone contact to attend the selection exam.
5. Releasing of the selection exam result, will be within 1-3 weeks.
6. Acceptance letters for the successful candidates, 2-3 weeks.
7. Successful candidates must prepare the release letter from the sponsor and an annual fee of SR1, 200/- for the first year of training (for Non-Saudis the annual training fee will be SR30,000/-). Failure to comply with these requirements on or before the given deadline will be disqualify to enter the training program.
8. All fellowship and Diploma programs will start every 1<sup>st</sup> October.

**ALL PAYMENTS CAN BE MADE BY SPAN, CASH, BANKDRAFT PAYABLE  
TO MEDICAL EDUCATION CENTER, COLLEGE OF MEDICINE, KSU**

For more information please contact:

Residency Office Secretaries at tel. # +966-1-469-9128 / 467-2609 / 467-1551 / 1554 / 1556 / ext 29,30,32,33

Fax # 469-9116, 469 9126 [www.medicine.ksu.edu.sa](http://www.medicine.ksu.edu.sa)

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