

MINISTRY OF HEALTH
Kuwait Institute for Medical Specialization (KIMS)
Faculty of Surgery

Application Form for Post-Graduate Surgical Training
Programme

Photograph
6 x 4 cm

Please print or write legibly :

A. Personal Data :

1. Name in English: Candidate No :
First Family Others
Name in Arabic "when applicable"
2. Date of Birth:
Day Month Year
3. Sex:
Male Female
4. Nationality:
5. Marital Status:
Married Unmarried
6. Address:
Home: P.O.Box City Area
Street No. Phone :
- Work: Name of Hospital
P.O.Box City Area
Phone

7. Date of Appointment in the Ministry of Health:

8. Civil ID. Number:

9. Hobbies:

B. Undergraduate Education:

10. University Qualification:

University	Country
Degree	Date

C. Internship

11. Details of Trainee rotation:

Country	Hospital	Department	Dates From-Until	Supervisor
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

D. Post Internship Experience:

Country	Hospital	Department	Dates From-Until	Supervisor
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

13. Present Position:

Hospital or Clinic _____

Position _____

Date of Commencement _____

E. Other Qualifications:

14. Have you passed any part of F.R.C.S. or other degrees. Yes No.
If yes, state details:
15. Have you passed any qualification exam(s) (e.g. USMLE, Canadian Evaluating Exam—etc.)
- Name of the qualification
 - Dates obtained

F. Distinction, Honours, Research, Publication:

16. Undergraduation, Honours of Publication:
- Subject(s) in which honours obtained _____

 - Publication (s) _____

 - Research _____

17. Postgraduate, Publication or Research:
- Publication(s) _____

 - Research _____

F. Names and Addresses of two Referees:

18. Name:
Address:
Phone:
20. Name:
Address:
Phone:

I confirm that all the information mentioned above is accurate

Signature _____

Date _____

KUWAIT INSTITUTE FOR MEDICAL SPECIALISATION (KIMS)
Faculty of Surgery
The Pledge

I ACCEPT the Postgraduate Training Programme as presented in the booklet and will follow in word and spirit.

I PLEDGE to :

- * Pursue my surgical training in strict honesty, placing the welfare of the patient above all else.
- * Respect my colleagues' professional interests and counsel.
- * Deal with my patient as I would wish to be dealt with, were I in the patient's place.
- * Attend all classes, symposia, workshops, courses and meetings arranged by KIMS.
- * Complete the course and attend national and international meetings whenever possible.
- * Remain conversant with current surgical literature.
- * Practise only within the limits of my learning.
- * Respond and aid in emergency situations.
- * Cooperate in advancing and extending my surgical knowledge and training while maintaining the ideals and principles of the KIMS.
- * Accept any penalty imposed by the Postgraduate Training Programme Committee, should I fail to abide by these rules.
- * Complete the full programme once I have joined it. Should I, for any reason, drop out of the programme, I will not claim any scholarships from KIMS for a period of three years.

I have read the above statements and willingly agree to abide by them as well as to adhere to the dictates of the "Pledge" in conducting my surgical training.

Name : _____

Signature : _____

Date : _____