

**KUWAIT INSTITUTE FOR MEDICAL SPECIALIZATIONS
APPLICATION FORM FOR MRCPATH. COURSE**

Preference for Speciality [] Histopathology [] Microbiology [] Haematology
[] Chemical Pathology [] Immunology

File No.:

Name :

Address :
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.....

Tel. Res. : Office

Date of Birth :

Sex : Marital Status :

Nationality : I.D. No.: Photograph

EDUCATION

(1) **Secondary School**

Subjects Studied	Final Grades	Marks Obtained %

(2) **Graduate School**

Year of Graduation : University / Medical School :

Degree :

Subjects	Final Grades	Distinctions

Date of Graduation :

(3) **Rotating Internship** From To

A. Hospital:

Department :

Consultant in Charge:

Appointment From To

B. Hospital:

Department :

Consultant in Charge:

Appointment From To

C. Hospital:

Department :

Consultant in Charge:

Appointment From To

D. Hospital:

Department :

Consultant in Charge:

Appointment From To

Post Graduate Training:

Hospital	Department/ Unit	Speciality	Consultant In Charge	Position	Dates

Experience in undergraduate Teaching:

Presentation of Papers :

List of Publications:

Hobbies / Outside interests / Sports

Reason for Application:

Present Position (Name of Post and Hospital) :

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Have you applied for any of the Speciality Courses of KIMS before ? Yes No

If yes, which programme ?

The Date ?

The outcome ?

Did you apply for any other P.G.T.P. of KIMS this year ?

Yes No

If yes, specify the order of preference :

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Did you sit for any of the Royal Colleges' Part I Examinations ?

Yes No

If yes, please furnish Details :

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Any other relevant information ?

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.....

Names and Address of Two Referees:

Name:

Name:

Address:

Address:

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Tel. No.:

Tel. No.:.....

I undertake that all the information mentioned above are accurate.

Date:

Signature:
