

Kuwait Medical Licensing Examination



KUWAIT INSTITUTE FOR MEDICAL SPECIALIZATION

APPLICATION FORM

1. Examination: Date Month February/June/ October Year
2. Name:
(first) (middle) (family)
3. Nationality: 4. Sex. Male/Female
5. Civil ID No.: 6. Date of Birth:
7. Mailing Address:
.....
.....
8. Telephone No.: Home Work: Mobile :
9. Fax No.: 10. Email address,
11. Medical qualifications: Undergraduate Postgraduate
Degree (eg. MBChB)
Year obtained
University/College
Country
12. Present employment: Trainee/Assistant Registrar/Registrar/Senior Registrar/Specialist
Department
Hospital
13. Signature: Date:

NOTE

1. Please supply 2 recent passport size photos with application.
2. Please make sure you enclose the full payment. (50 Kuwait Dinar)]
3. Applications must be received no later than 6 weeks before the date of the examination.
4. Late applications will not be accepted.
5. Payment for the examination will not be refunded.
6. Please submit your application at the KMLE/KDLE office, 8th Floor, Behbehani Complex, Al-Sharq.

For Office Use Only

1. Date application received:
 2. Examination date: February/June/October
 3. Payment received: Yes/No
- Application approved: Yes/No**
- Examination Number: Signed
Director