**APPLICATION FORM FOR**

**KHALIFA BIN SALMAN ALKHALIFA AWARD FOR BAHRAINI DOCTOR**

**(FIRST CATEGORY)**

| 1. **PERSONAL DATA** | (Please attach Candidate’s Curriculum Vitae(CV) ) | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Full Name |  | | | | | | | | |
| CPR |  |  |  |  |  |  |  |  |  |
| Date of Birth | Day |  | | Month |  | | Year |  | |
| Sex | Male | |  | | | Female | |  | |
| Contact | Mobile | |  | | | | | | |
| Office Tel. | |  | | | | | | |
| Email | |  | | | | | | |

| 1. **PRESENT POSITION:** |  |
| --- | --- |
| From: |  |

| 1. **POSITIONS HELD** | Give details in chronological order, starting with first position held |
| --- | --- |
| Date | Position Held |
|  |  |
|  |  |
|  |  |

| 1. **QUALIFICATIONS** | Give details in chronological order, starting with most recent qualification | |
| --- | --- | --- |
| Date (From – To) | Institution | Qualification obtained |
|  |  |  |
|  |  |  |
|  |  |  |

| 1. **NHRA LICENSE** | Give details of valid license from the National Health Regulatory Authority | | | |
| --- | --- | --- | --- | --- |
| License No: |  | Expiry Date: |  |

| 1. **AWARDS AND HONORS** | Including fellowship | |
| --- | --- | --- |
| Date | Awarding Body | Name of Award |
|  |  |  |
|  |  |  |
|  |  |  |

| 1. **SPECIAL ACHIEVMENTS:**   Give details of outstanding achievements in medical field which would qualify for the Award (as set out in the Award advertisement)  Please attached additional pages if needed | |
| --- | --- |
| Professional Achievements in Medical Filed |  |
| Initiatives presented and contributions in medical creativity, innovation and qualitative medical research. |  |
| The initiatives presented that are recordable as a patent or intellectual property, or they are research or literature published in his/her name or with a team of researchers |  |
| Knowledge and professional and technical capabilities in the medical field conveyed by the candidate and published in written or practiced ways to others |  |
| The candidate contribution in preparing health related plans and strategies |  |

| **Publications** List of publications in support of related to the work | | | |
| --- | --- | --- | --- |
| **Title** | **Co-author(s)** | **Published in** | **Year of Publication** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

| 1. **CANDIDATURE SIGNATURE** | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| Full Name |  | | | | | |
| Signature |  | | | | | |
| Date of Submission | Day |  | Month |  | Year |  |

| 1. **FOR INSTITUTION USE** | | |
| --- | --- | --- |
| Institution Name |  | |
| Contact | Mobile |  |
| Office Tel. |  |
| Email |  |
| Signature and stamp of the Institute Head |  | |

| 1. **FOR OFFICIAL USE ONLY** | | | | |
| --- | --- | --- | --- | --- |
| Date of receipt by MOH | Day: | Month: | | Year: |
| Received By |  | | | |
| Position |  | | | |
| The application Form Completed | Yes | | No | |
| CV is Attached | Yes | | No | |
| Documents Attached | Yes | | No | |
| Notes: |  | | | |
| Receiver’s Signature |  | | | |