**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 |
|  |  |  |
|  |  |  |
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| 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 |
|  |  |  |
|  |  |  |
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| 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** |
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| 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 |  |