



Fellowship Program in Glaucoma and Cataract

Date _____
Ref.: _____

Application Form

A. Personal Data

Full Name: _____
First Name Father's name G. Father's name Family name

Gender : Male Female Nationality: _____ Marital Status: Single Married Widow

Birth date: _____ Birthplace: _____ Age: _____

Home address: _____ Telephone: _____

Mailing Address: _____ Mobile: _____

E-mail: _____

Person to contact in case of Emergency: _____ Mobile : _____

Address: _____ Telephone: _____

Languages Proficiency: Arabic English Other Languages _____

Sponsorship: _____

B. Higher Education

A. Do you have certificate of King Saud University Fellowship in Ophthalmology or an equivalent board.

YES NO

If Yes, What is the name of the board?

Name: _____ Year: _____ Country: _____

B. Do you have certificate of successful completion of Ophthalmology Residency Program?

YES NO

If Yes, please specify the following:

Name of the program: _____ Year: _____

Hospital: _____ Country: _____

C. Medical degree: _____ Date: _____

Institution: _____ City: _____ Country: _____

Final mark: _____ % or GPA Grade: _____

D. Do you have valid registration with the Saudi Council for Health Specialties?

YES NO

If Yes, please specify:

Year: _____

C. Health and Ocular Status

A. Current & past systemic diseases or trauma: YES NO

If Yes, Give Details: _____

B. Current & past ocular diseases, surgery or trauma: YES NO

If Yes, Give Details: _____

OE Best corrected visual acuity: OD 20 OS 20

C. Color Vision on Ishihara's: OD 15 OS 15

Stereopsis titmus fly: Present Absent

Name of Ophthalmologist: _____ Signature: _____

Hospital Stamp

D. Applicant Testimony

I hereby acknowledge that the above information is correct.

Applicant's name: _____

Signature: _____

Date: _____