



Ministry of Higher Education King Saud University College of Medicine

Department of Ophthalmology

Fellowship Program in Glaucoma and Cataract

Date Ref.:

Application Form

ull Name: First Name Father's name	G. Father's name	Family name
Gender :	Marital Status:	☐ Single ☐ Married ☐ Widow
Birth date:	Birthplace:	
lome address:	Telephone:	
ailing Address:	Mobile:	
-mail:		
erson 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 Fellows	B. Higher Education	
•	B. Higher Education ship in Ophthalmology or an equivalen	t board.
A. Do you have certificate of King Saud University Fellows YES NO Yes, What is the name of the board? Jame:	B. Higher Education ship in Ophthalmology or an equivalen Year: Country:	t board.
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Do you have certificate of King Saud University Fellows YES NO Yes, What is the name of the board? Do you have certificate of successful completion of Opi YES NO Yes, please specify the following:	B. Higher Education ship in Ophthalmology or an equivalen Year: Country: hthalmology Residency Program?	t board.
A. Do you have certificate of King Saud University Fellows YES NO Yes, What is the name of the board? B. Do you have certificate of successful completion of Opi YES NO Yes, please specify the following: Iame of the program:	B. Higher Education ship in Ophthalmology or an equivalent Year: Country: hthalmology Residency Program?	t board.
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Continue Application Form							
C. Health and Ocular Status							
A. Current & past	systemic diseases or trauma:	☐ YES	□ NO		<u> </u>		
B. Current & past ocular diseases, surgery or trauma: YES NO If Yes, Give Details:							
OE Bes	st corrected visual acuity:	OD <u>20</u>	os <u>20</u>				
C.	lor Vision on Ishihara's:	OD	os 15				
Ste	ereopsis titmus fly:	☐ Present	☐ Absent				
Name of Ophthaln	nologist:		Signature:		-		
Hospital Stamp							
D. Applicant Testimony							
I hereby acknowledge that the above information is correct.							
Applicant's nar	me:						
Signatu	ıre:						
Da	ate:						