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| **INSTITUTE FOR RESEARCH AND MEDICAL CONSULTATIONS (IRMC)** |
| Scientific Degree: | Name (English): |
| Specific Major: | Affiliation: |
| Academic Rank: | * + Female
 | * Male
 | Gender |
| College Department: | University (IAU) ID Number: |
| Nationality: | Mobile Number: |
| National ID or Iqama No: | E-Mail: |
| * Non Web of Science
 | * Web of Science
 | Total No. of Publication: |
| Project Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Project ID: : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Funded Project: Source of fund: DSR, KACST, Other Specify. |
| Budget: \_\_\_\_\_\_\_ SR |
| * Attached (CV and Ph.D/M.D Certificate should be attested by Head of the Department) (Project Proposal)
 | \*Please attach detailed CV:  |
| **Reasons for Joining IRMC as a Part-time Researcher** |
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| **Research Interest Statement** |
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| **Technical Skills (Hands-on Experience)** |
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| **Approval from Dean of the College** | **Approval from Head of the Department** |
| Agree that Dr/Mr/Ms. \_\_\_\_\_\_\_\_\_\_ will work as part time researcher at IRMCName:Signature: | Agree that Dr/Mr/Ms. \_\_\_\_\_\_\_\_\_\_ will work as part time researcher at IRMCName:Signature: |