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| **INSTITUTE FOR RESEARCH AND MEDICAL CONSULTATIONS (IRMC)****APPLICATION FORM FOR UOD PART TME RESEARCHER**  |
|  **Name (English):** | **Scientific Degree:** |
| **Affiliation :**  | **Specific Major:** |
| **Gender** □Male □ Female | **Academic Rank:** |
| **University ID Number:** | **College :**  **Department** |
| **Mobile Number:** | **Nationality:** |
| **E-Mail:** | **National ID or Iqama No:** |
| **□ Total No. of Publications: □Web of Science :\_\_\_\_ □ Non Web of Science:\_\_\_**  |
|  **Project Title :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Project ID :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Funded project** □ **Non fund**□**Source of fund :** □DSR □KACST □ Other specify \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Budget: SR** |
| **\*Please attach detailed CV : □ Attached (CV and Ph.D/M.D certificate should be attested by Head of the Department ) ( project proposal )** |
| **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 Head of the Department** | **Approval from Dean of the College** |
| **Agree that Dr/Mr/Ms. \_\_\_\_\_\_\_\_\_\_ will work as part time researcher at IRMC****Name:****Signature:** | **Agree that Dr/Mr/Ms. \_\_\_\_\_\_\_\_\_\_ will work as part time researcher at IRMC****Name:****Signature:** |