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| **INSTITUTE FOR RESEARCH AND MEDICAL CONSULTATIONS (IRMC)**  **APPLICATION FORM FOR IAU 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: |