RADIATION IN MEDICINE **COURSES & WORKSHOPS**

King Faisal Specialist Hospital & Research Centre, Riyadh, Saudi Arabia

Jumada Al Thani 02 - 08, 1440 | February 07 - 13, 2019

PARTICIPANT'S VISA BIODATA INFORMATION

NOTE: Please type or print all information as requested in the space provided below.			
Name of Applicant (as in passport):			
Passport #:	Place Issued:		
Date Issued:	Expiry Date:		
Name of Workplace:	Specialty or type of workplace activity:		
Home Address:	Business Address:		
Tel. No. (Home):	Tel. No. (Business)		
Email Address:	Fax. No.		
Date of Birth:	Gender:	☐ Male	☐ Female
Place of Birth:	Marital Status:	☐ Married	☐ Single
Nationality:	Religion:		
Previous Nationality (if any):	Profession/ Occupation		
Nearest airport to Home:	Duration of stay in Saudi Arabia:		
Country travelling from:	Nearest Saudi Embassy where visa is to be issued:		
Signature:	Date:		

IMPORTANT: To expedite visa processing, please send the following documents by email or fax to address provided below:

- 1. Completed visa application form
- A clear copy of your passport photo page (with your full name, passport number, nationality, date of birth, place of issue and validity) 2.
- 3. Letter from current employer, verifying position/profession.
- Proof of registration and payment

NOTE:

- Visa will be requested for Conference participants only. 1.
- Applicant field of work should be in Radiation Medicine.
- Approval of visa application is not guaranteed.
- Issued visa will not be extended.

This information must be received in our office no later than the submission deadline (20 January 2019) for adequate processing time.

Submit completed form to: