



جامعة الإمام عبد الرحمن بن فيصل  
IMAM ABDULRAHMAN BIN FAISAL UNIVERSITY  
معهد الأبحاث والاستشارات الطبية  
Institute for Research and Medical Consultations

**INSTITUTE FOR RESEARCH AND MEDICAL CONSULTATIONS (IRMC)  
APPLICATION FORM FOR IAU PART TME RESEARCHER**

Name (English):	Scientific Degree:
Affiliation:	Specific Major:
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Academic Rank:
University ID Number:	College: Department:
Mobile Number:	Nationality:
E-Mail:	National ID or Iqama No:
<input type="checkbox"/> Total No. of Publications: <input type="checkbox"/> Web of Science : ____ <input type="checkbox"/> Non Web of Science: ____	
Project Title : _____	
Project ID : _____	
Funded project <input type="checkbox"/> Non fund <input type="checkbox"/>	
Source of fund : <input type="checkbox"/> DSR <input type="checkbox"/> KACST <input type="checkbox"/> Other specify _____	
Budget:	SR
*Please attach detailed CV : <input type="checkbox"/> Attached (CV and Ph.D/M.D certificate should be attested by Head of the Department ) ( project proposal )	
<b>Reasons for Joining IRMC as a Part-time Researcher</b>	

To get the application (IRMC.02) in word  
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Research Interest Statement	
Technical Skills (Hands-on Experience )	
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	Agree that Dr/Mr/Ms. _____ will work as part time researcher at IRMC
Name:	Name:
Signature:	Signature:

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