RAK Medical and Health Sciences University

Ras Al Khaimah, UAE

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Application Form for 2012 - 2013
Master Programs

PHOTO

☐ MSN ☐ M.S in Pharmacy Practice ☐ M.S in Pharmaceutical Chemistry

Application No :

ID No :

PERSONAL DETAILS

Name of the applicant as per passport [leave one space between names]

Date of Birth (dd/mm/yyyy) | Sex (M F) | Blood Group | Nationality

Father's Name | Occupation

Mother's Name | Occupation

Name of the guardian/husband [if other than parent] | Occupation

Current Address for correspondence

PO Box | City Pin / Zip Code

Permanent Address in home country

Telephone No. (include Country & Area code) | Mobile No. with area code

E-mail ID of student

Emergency contact phone No. with code | Emergency Mobile No. with area code

PASSPORT DETAILS

Passport Number | Date of Issue (d d m m y y)

Date of Expiry (d d m m y y) | Issued at:

EDUCATIONAL DETAILS

Give the following details of the Bachelor of Science Degree you have completed (please attach copy of certificate/transcript)

[i] Name of the qualifying examination

[ii] Institution last studied

[iii] Name of the Board/University & Country

[iv] Overall aggregate in Bachelor of Science Marks ☐☐ % or Grade ☐ (attach Marks/Grade sheet)

EMPLOYMENT DETAILS

[v] **Are your working at present :** ☐**Yes** ☐**No**

If yes,

Place of work

Designation

No. of years working ☐☐ in _____ (Please specify area of work/Speciality/Dept)

[vi] **Previous employment history:**

Place of work

Designation

No. of years working ☐☐ in _____ (Please specify area of work/Speciality/Dept)

Total Work Experience (v + vi) ☐☐

[vii] TOEFL/IELTS Score: ☐☐☐ Date of completion of TOEFL/IELTS d d m m y y ☐☐☐☐☐☐

[viii] Please mention any special achievements/awards _____

[ix] Name the source through which you came to know about us _____

DECLARATION: I have gone through the admission bulletin in the institution's website and I shall abide by all the conditions laid therein. I further hereby declare that all the information given and statements made in this application and also its accompanying attachments and enclosure are true to the best of my knowledge. I agree to the condition that if any information or statement is found to be incorrect, my admission will be automatically cancelled.

SIGNATURE OF APPLICANT

FOR OFFICE USE ONLY

Application Fee Paid Yes ☐ No ☐ Rt. No. _____ Dt. _____

Admission Fee Paid Yes ☐ No ☐ Rt. No. _____ Dt. _____

Admission to _____ Program Eligible ☐ Not Eligible ☐

Remarks _____

Date ☐☐☐☐☐☐ Admissions Office _____ Dean _____