



KUWAIT INSTITUTE FOR MEDICAL SPECIALIZATIONS
POSTGRADUATE EDUCATION OFFICE
WITHDRAWAL REQUEST FORM

NAME : _____ (IN BLOCK LETTERS)													
CIVIL IDENTIFICATION NUMBER: <table border="1" style="margin: auto; width: 100%; height: 20px;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>													
MOH FILE NUMBER: <table border="1" style="margin: auto; width: 60%; height: 20px;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>													
NAME OF PROGRAM: _____ DATE OF JOINING THE PROGRAM: _____	(Tick <input checked="" type="checkbox"/> your current level. R=Residency, F=Fellowship) New Admission <input type="checkbox"/> R1 <input type="checkbox"/> R2 <input type="checkbox"/> R3 <input type="checkbox"/> R4 <input type="checkbox"/> R5 <input type="checkbox"/> F1 <input type="checkbox"/> F2 <input type="checkbox"/> F3 <input type="checkbox"/>												
KINDLY SPECIFY YOUR REASON/S FOR WITHDRAWAL FROM THE PROGRAM: 													
DATE : _____ (of submission of withdrawal by Candidate)	SIGNATURE: _____ (Candidate)												
DATE : _____ (of approval of withdrawal by Program Director)	SIGNATURE: _____ (Program Director)												
DATE: _____ (of approval of withdrawal by Director Postgraduate Education Office, KIMS)	SIGNATURE: _____ (Director Postgraduate Education Office, KIMS)												