

ใบสมัครแพทย์ประจำบ้านและแพทย์ประจำบ้านต่อยอด

Medical Residency and Medical Fellowship Application Form

Indicate the Training Program for which you are applying.

☐ Residency Training in .....

☐ Fellowship Training in .....

STAFF ONLY

MD CODE

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DOCTOR STATUS.....

Data entered by.....

(Please attach photograph here)

## 1. Personal Information

Title ..... First Name ..... Last Name .....

Specialty ..... Subspecialty .....

Sex ..... Nationality ..... Religion .....

Date of Birth : Date ..... Month ..... Year ..... Age .....

Marital Status ☐ Single ☐ Married ☐ Divorced

Emergency Contact Name ..... Relationship ..... Phone .....

Home Address .....

Home Phone ..... Mobile Phone ..... Email Address .....

Current Workplace .....

Workplace Phone ..... Workplace Fax .....

Thai Medical License Number ..... Issued Date .....

### Languages Spoken (in good command)

.....Arabic .....Cantonese .....English .....French .....German  
 .....Hindi .....Hokkien .....Japanese .....Mandarin .....Teo Chew  
 .....Others: .....

### Hobbies

1. ....
2. ....

## 2. Educational Qualifications

### Undergraduate Education

Medical School ..... Degree.....Date/Year Completed.....

Country / States in which you are licensed to practice medicine:

Country / State ..... License Number.....

Issued Date ..... Expiration Date.....

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### 3. Training

#### Post-Graduate Training (Clinical or Research Training)

Status	Training Program	Institution and Location (Full mailing address)	Date Attended Month / Year	Date Completed Month / Year
Internships				
Residencies				
Fellowships				

#### Post-Graduate Education (other than Clinical Training)

University / Other Institute	Degree Obtained	Date Completed Month / Year	Special fields of study

### 4. Professional Experience

#### Experience from present to chronological order

Title of your past	Institution and Location (Full mailing address)	Date from.....to.....	Specialty

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**5. References (Specify the person who knows you well first)**

1. Name .....  
Address .....  
Phone .....
2. Name .....  
Address .....  
Phone .....
3. Name .....  
Address .....  
Phone .....

**6. Certifications**

Board / Sub-board Certifications or equivalent	Year Completed	Year Expired
1.		
2.		
3.		

I certify that above information is correct.

(Signature) .....

( )

Date .....

Please return completed forms to email address for Medical Fellowship: [E-Mail-fellowship@bumrungrad.com](mailto:E-Mail-fellowship@bumrungrad.com)

for Medical Residency: [E-Mail-medical.residency@bumrungrad.com](mailto:E-Mail-medical.residency@bumrungrad.com)

or Medical Education

Bumrungrad International

33 Sukumvit Soi 3

Bangkok 10110

or Fax number : 0 2262 5022

**If you are accepted into the Fellowship Program at Bumrungrad International.**

Additional documents needed: (photocopies have to be verified with original documents)

1. Two Color Photos size 2 inches
2. Digital Photo size not larger than 100 kb
3. Original document of National Identification Card
4. Original document of Degree (s)
5. Original document of Thai Medical License(s)
6. Original document of Diploma(s)
7. Original document of Post-Graduate Training Certificate (if any)
8. Original document of Special Clinical Trainings (if any)
9. Original document of Valid Life Support Training Certificate
10. Photocopy of Certification of Marriage Status (if any)
11. Photocopy of Certificate of Changing First Name / Last Name (if any)
12. Photocopy of Passport (if any)
13. Photocopy of the First Page of the Bank Book that will be used by the hospital for direct deposit of trainee's salary/income.