



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

Training-Volunteering Application Form

Applicant Information	
Name:	Are you affiliated to IAU?
National ID or Iqama No.:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Number:	If yes,
E-Mail:	Academic ID Number:
	College:
	Department:
Scientific Degree:	Major:
Request Information	
Request is for: <input type="checkbox"/> Volunteering <input type="checkbox"/> Training	
Start Date:	End Date:
Requested Department:	IRMC Researcher Name:
Requested Lab:	
Research interests/requested training on:	

Scan the following barcode to
get the form in word format





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

I hereby agree to:

1. Abide by IRMC rules and regulations.
2. Conduct research experiments (or any IRMC visits) within the official working hours.

Applicant Name	Signature	Date
IRMC Department Chairperson Name	Signature	Date
IRMC Dean Approval	Signature	Date

Scan the following barcode to
get the form in word format

