Somali Medical Association

Mogadishu- Somalia

نقابة أطبـــــاء الصـــومال

مقديشو - الصومال

URURKA DHAKHAATIIRTA SOOMAALIYEED

Address: Jawhara Apartment Block D-Room2, KM-5, Hodan District, Mogadishu – Somalia **Mobile:** +252 617 6779 99 / +252 615 5460 32 **Email:** info@sma.org.so **Website:** www.sma.org.so

Photo

APPLICATION FORM

1. **Full Name:** ……
2. **Mother's name:** …….....
3. **Date of Birth:** …….. /…….. /..... **(**Day, Month, Year**)**
4. **Place of Birth:** ……
5. **Nationality:** **Somali:** ☐ **Other, specify:** ☐
6. **Gender:** **Male:** ☐ **Female:** ☐
7. **Marital Status:** **Single:** ☐ **Married:** ☐ **Divorced:** ☐ **Widowed:** ☐
8. **Address:** ……
9. **Telephone number:** ……...
10. **E-mail Address:** ……
11. **University Attended for Medical: -**
    - **University Name:** ……..
    - **Country:** **Somalia:** ☐ **Other; Specify:** ☐
    - **Year completed**: ……

12. Degree Held: ☐

13. Field of Specialization: ☐

14. University Attended for Postgraduate: -

- **University Name:** ……..
- **Country: Somalia:** ☐ **Other; Specify:** ☐
- **Year completed**: ……

15. Degree Held: ☐

16. Field of Specialization: ☐

Note: certified/Notarized Copies of Above Award, Academic Transcripts and Course Content Should be Attached.

17. Current Employer: ……

18. Employer's Address: ……

19. Your Postal Address: ……

20.* Category of Registration:(** ***Select one of them **)**

- **Ordinary Membership:** ☐
- **Life Membership:** ☐
- **Honorary Membership:** ☐
- **Distance Membership:** ☐

21. Do you have a certificate of good standing in medical practice issued by a council, board of equivalent medical regulatory body of the country where you are currently practicing or where you have been practicing in the immediate past years?

☐ YES ☐ NO

Note: Attach a Copy of a Certificate of Good Standing.

DECLARATION

I, the undersigned, do hereby certify that under the medical practitioners' statute of 1996 of the laws of Somalia the responses given by me to all the above questions and information are true and correct.

Full Name	Signature	Date
……	……	…..… / …….. / …….