

Resident's registration card

Full name \_\_\_\_\_

Completely

Nationality \_\_\_\_\_

Date of admission to KSMA \_\_\_\_\_

KSMA end Date \_\_\_\_\_

Diploma No. \_\_\_\_\_

Transfer date \_\_\_\_\_ order No. \_\_\_\_\_ date of order \_\_\_\_\_

Enrolled in the KSMA residency program in the specialty

« \_\_\_\_\_ »

Department \_\_\_\_\_ on

a budget contract form of training.

End Date \_\_\_\_\_ order No. \_\_\_\_\_ date of order \_\_\_\_\_

Expelled from the residency, due to the end of training.