



(A)

MEDICAL CANDIDATES BRIEF FOR SCREENING

Date: _____ Resource: _____

الإسم باللغة العربية حسب جواز السفر محمد سعيد شامدي عبد الواهر

1. Full Name: Ms./Mrs./Mr Mohamed Saeed Shamdy Abdelwahed
2. Sex / Date of Birth: Male / 10/6/1984
3. Nationality; Current Egyptian Original _____
4. Height: 176 cm Weight: 83 kg
5. Marital Status / No of dependents: Married / 2
6. Religion Muslim Passport Number A09486041
7. Position Applied For: OB- GYN specialist
8. Availability Date of Joining: 1/12/2018
9. E-mail address: drmohammed3@hotmail.com
10. Contact Numbers with best time to contact: 0542586182 Anytime
11. Summary of Qualification(s)



Qualification and Degree	Specialty	Year Obtained	Place Obtained
MBBch	Medicine	2007	Alexandria - Egypt
Master degree	Obstetric - gynecology	2013	Alexandria - Egypt
CPHQ	quality of healthcare	2016	

Last University / Institution email address: _____

12. Professional Experience in Hospitals/ Medical Centers:

PERIOD OF EMPLOYMENT FROM (MO./YR) TO (MO./YR)	No. of year Experience	POSITION	Hospital/Company	NO. OF BEDS	Last employer email Address	LOCATION
8/2015 - 11/2018	3 1/2	specialist	united doctor hospital	100	info@UDH.med.sa	Jeddah - KSA
6/2013 - 7/2015	2	specialist	Ely Medical center	-		Jeddah - KSA
1/2010 - 6/2013	3 1/2	resident	Alexandria university hospital	200		Alexandria - Egypt

13. Contact References:

Name Dr Ahmed radwan Mobile 0544220161 email yasm.79@hotmail.com
 Name Dr Mahamad gehad Mobile 0568501471 email mgehad72@yahoo.com
 Name Dr Mohamed Mubarak Mobile 0564062137 email dr.mmm_mubarak@hotmail.com

14. How did you know about HMG? friend

15. Did you visit the web site of Habib Medical group? Yes ☒ No ☐

16. Have you been to a gulf country? Yes ☒ No ☐

17. If selected I am willing to relocate with the family? Yes ☒ No ☐

18. Have you applied to HMG before? No ☒ Yes ☐ what happened?

19. My Current monthly package is

a. Take home pay (After tax pay) in Saudi Riyal: 20000

b. Other benefits: housing - transportation

20. Expected monthly Salary in Saudi Riyal:

21. Do you have close family member currently employed at Dr. Sulaiman Al-Habib Medical Center?

[] Yes ☒ No If yes, Name: _____

Position Title: _____ Relationship: _____

22. Any other particulars for which you request the attention of the screening committee

I certify that the information provided in this employment application form has been completed to the best of my knowledge and ability. I understand that any falsification/misinterpretation in any interview or any other employment record will be sufficient reason to deny employment or may be reason for future dismissal.

Candidates Signature Dr. Mohamed Shams Date 2/10/2018

(B)

Medico-Legal Discloses			
Full Name:	Mohamed Saeed Shamdy Abdelmehed		
Position applied for:	OB/GYN specialist	Gender:	Male
Current Nationality :	Egyptian	Previous Nationality:	

1. Are you currently holding any professional license, certificate of Registration or Permit to practice? YES ☒ NO ☐
If YES please specify:
Saudi license 13-J-M-0033408
2. Has your professional license, Certificate of Registration or permit to practice ever been suspended, restricted or revoked? YES ☐ NO ☒
If YES please specify:

3. Have you ever, during the pendency of an investigation or disciplinary proceeding, voluntarily restricted your professional license, certificate of Registration or permit to practice?
YES ☐ NO ☒
4. Have you ever been found guilty of professional misconduct or found to be incompetent or incapacitated? YES ☐ NO ☒
5. Have you agreed to a settlement to avoid any proceeding or disciplinary action in respect of your professional conduct, competency or capacity?
YES ☐ NO ☒
6. Have you ever been investigate in respect of your professional conduct, competency or capacity in the past or at present? YES ☐ NO ☒
7. Is there any current proceeding arising from your professional practice.
YES ☐ NO ☒
8. Have you ever been denied privileges in a hospital or health facility?
YES ☐ NO ☒

9. Have you ever resigned from a hospital or health facility to avoid disciplinary action? YES ☐ NO ☒
10. Have you ever had your privileges suspended, reduced or change for any cause by a hospital or other health facility? YES ☐ NO ☒
11. Have you ever discontinued your Medical practice for any reason for one year or more?
YES ☐ NO ☒
12. Is there any event, circumstance, condition or matter not disclosed in your answers to the preceding questions in respect of your character , conduct, competence or capacity that might be an impediment to your application for a Certificate of Registration to practice health profession in the Kingdom of Saudi Arabia?
YES ☐ NO ☒

I hereby acknowledge that the above are true and correct to the best of my knowledge.

Signature: Dr. Mohamed Shady

Date: 2/10/2018

(C)
إدارة شؤون الموظفين
HR Department

Undertaking	إقرار وتعهد
<p>I, the undersigned, am aware as per policy that I shall bring all of my authenticated documents as requested by HMG as part of the requirements by the Saudi Council</p> <p>I hereby confirm that I have been instructed about all the required documents to be authenticated as per Saudi Council and I assure that I am aware to bring them upon joining HMG. I am solely responsible of any consequences that may occur if failure to do so.</p> <p>In line with JCI/CBAHI standards I am aware that HMG has a responsibility to communicate with my institutes /former employers in order to conduct primary source verification (PSV), and I also confirm that all the contact information provided is accurate.</p> <p>I understand that any government transactions like issuance of Saudi Residence Permit – (Iqama) / driving license/ opening of bank account as well as the sponsoring of family shall be done after all documents have been attested.</p>	<p>أنا الموقع أدناه أقر بسياسة المجموعة وذلك بوجوب إحضار جميع شهاداتي الدراسية والخبرة و كافة الوثائق مصدقة من القسم القنصلي في السفارة السعودية.</p> <p>حيث أنني على علم واف بضرورة توثيق كافة هذه الوثائق والتي أدرك أهمية إحضارها عند التحاقني بالعمل في مجموعة الحبيب الطبية وعليه فإنني أتحمل كامل المسؤولية واي عواقب تترتب على أي نقص أو تأخير .</p> <p>يقع على عاتق الحبيب مسؤوليه التواصل مع المؤسسات التعليمية / ومع من عملت لديهم سابقا من أجل التحقق من المصدر الرئيسي لشهاداتي وخبراتي (PSV) كما أود التأكيد على أن جميع معلومات الإتصال المقدمة من قبلي صحيحة ودقيقة.</p> <p>وأعلم أيضا بأنه بناء عليه لا يمكن إصدار اي وثيقة حكومية مثل الإقامة أو رخصة قيادة أو فتح حساب بنكي أو تسجيل الأطفال بالمدارس حتى يتم تصديق هذه الوثائق والشهادات.</p>
Name : <u>Mahmud Saad Shady Abdelhadi</u>	الاسم : <u>محمد سعيد شادي عبد الحادي</u>
ID No : _____	الرقم الوظيفي : _____
Signature: <u>[Signature]</u>	التوقيع : <u>[Signature]</u>
Date : <u>2/10/2018</u>	التاريخ : <u>2/10/2018</u>

Note: E-mail this form within seven working days to the same email

Land Phone: 00966-11-4622224

Fax: 00966-11-4646136

Thanks