

United Arab Emirates

Ministry of Health

Nursing & Midwifery Evaluation and Selection Committee

Personal Information			
Applicant No.			
Name			
Date of Birth			
Age			
Nationality			
Sex			
Marital Status			
Job Related Information			
Health Facility			
To Be Evaluated As (Grade)			
To Be Posted As (Grade)			
General Education			
Nursing Education			
Duration of Study			
Year Graduated			
Country of Origin			
Post Graduation			
Minimum 6 Months			
Specialty			
Experience Testimonials			
Documented Experience			
Total Experience			
Current License			
Country			
Expiration Year			
Application Form		School Leaving Certificate	
Interview Form		Passport/Immigration	
Vacancy Form		Education Verification	
Nursing Certificate		Employment Verification	
Post Graduate Qualification		License Verification	
Registration Card			
Evaluation Committee		لجنة التقييم	
Meeting No. & Date		رقم و تاريخ الاجتماع	
Health Facility		المؤسسة الصحية	
Evaluated As (Grade)		درجة التقييم	
Posted As (Grade)		درجة التعيين	
Name الإسم	Signature التوقيع	Name الإسم	Signature التوقيع
Fatima Rifai فاطمة الرفاعي		Abdulla AlNuaimi عبد الله النعيمي	
Rawaa Madi روعة ماضي		Sheikha Saif شيخة سيف	
Mariam Surrour مريم سرور		Sheikha Ibrahim شيخة إبراهيم	
Zeinab Abdulla زينب عبد الله		Raghda Omar رغدة عمر	
Comments		ملاحظات	