**Sultan Qaboos University  جامعة السلطان قابوس**

**College of Medicine & Health Sciences**

**Internship Training Program**

**Bank Account Form**

**personal details**

**Full Name:**

**Intern ID No.:**

**National ID No.:**

**Contact Information**

**Mobile No. 1:**

**Home Phone or Mobile No. 2:**

**E-mail Address:**

**Detail of Bank Account**

**Bank Name:**

**Branch:**

**Account No.:**

***Signature: …………………………………….... Date: ……………………....***

**Please submit personally or send a scan copy to internship Email:interns.****medtcs@gmail.com**