



MINISTRY OF HEALTH  
SULTANATE OF OMAN

REGISTRATION CERTIFICATE REQUEST FORM  
(PHYSICIANS/ DENTIST)

To be filed in capital letters by the Applicant

<b>Name</b>			
<b>Staff No.</b>		<b>Oman Civil Number</b>	
<b>Designation</b>			
<b>Specialty</b>			
<b>Qualification</b>			
<b>Date of Joining the MOH</b>			
<b>Applicant Contact Number</b>			

Required Documents

1. Medical Qualification
2. 2 photos
3. Copy of Civil Card

**Medical Registration Section**

Directorate General of Health Affairs

Phone no. 24946368 / 24946369

Fax: 24946367

Ext. : 1570

Email address: ha-sh-mreg@moh.gov.om