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ALUMNI ID CARD REGISTRATION FORM

Full Name: _____

Graduation Year: _____ Student ID: _____

Address: _____

Email: _____

Tel no: _____ Mobile no: _____

Programme (Please tick)

Medicine Nursing MSc Nursing MSc Ethics & Law

Details of Internship / Employment: _____

Signature: _____ Date: _____

I would like my Alumni ID Card mailed to the address I mentioned above.

I will collect my Alumni ID Card from the University.

Please return this application form along with a recent passport size photo to Mr. Fadi Ghosn, 4th floor, Room 428. We will not process applications without the required fee (BD/6), which must be paid in cash at the Finance Office, 4th floor.

For office use:

Alumni Membership ID Number : _____

Finance Receipt Number : _____