



**Application for
Qatari Citizen Registration**

First Name: _____

Middle Name: _____

Last Name: _____

Blood Type: _____ Date of Birth (M/D/Y): _____

Spouse Name (only Qatari wives are covered): _____

Children and other accompanying travelers (Name and relationship to principal):

Correspondence (circle one):

1	QP-Qatar Petroleum	5	SO-Security Office	9	MEO - Ministry of Environment
2	CA-Civil Aviation	6	Q.O.C. – O.S.S.O. (Olympics)	10	SID- Sidra
3	DO-Defense Office	7	HH-Hamad Hospital	11	Other
4	HA-High Authority	8	DIR - Diyar	12	SSS-Self Study

Address: _____

_____ Apt# _____

City: _____ State: _____ Zip Code: _____

Phone: _____ email: _____

Comments or Declarations: _____

Emergency Contact

Name: _____

US Phone : _____

Qatari Phone: _____

I certify that I have read and understood all the questions set forth in this application and the answers I have furnished on this form are true and correct to the best of my knowledge and belief.

Name: _____

Signature: _____ Date: _____

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Along with this application please submit the following:

1. Copy of Qatari ID
2. Copy of Passport (and other family members)
3. Color 2'x2' Passport Photo without head cover.
4. Registration Letter with University or College / I-20
5. Sponsor's letter

Please send these requirements via email to studentinfo@qatarmedical.com or mail them to:

**Office of the Medical Attaché
Embassy of the State of Qatar
2555 M Street, NW
Washington, DC 20037**