

For Office Use	
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**Application for Qatari  
Student Health Insurance**

First Name :

Middle Name :

Last Name :

Blood Type :

Date Of Birth (M/D/Y) :

Spouse Name :

Date Of Birth (M/D/Y) :

Children and other accompanying travelers (Name and Relationship to Principal) :

Correspondence (**X One**):

<input type="checkbox"/>	SSS-Self Pay (No Scholarship)	<input type="checkbox"/>	MEO-Ministry of Environment	<input type="checkbox"/>	RG-Ras Gas
<input type="checkbox"/>	CA-Civil Aviation	<input type="checkbox"/>	Q.O.C.-O.S.S.O. (Olympics)	<input type="checkbox"/>	Other( Specify):
<input type="checkbox"/>	DO-Defense Office	<input type="checkbox"/>	HH-Hamad Hospital		
<input type="checkbox"/>	HE-Higher Education Institute	<input type="checkbox"/>	DIR-Diyar		

Address :		Apt#	
City :		State :	
Phone :		Fax :	
Mobile :		E-mail :	

Comments or Declarations :

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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 : \_\_\_\_\_

Along with this application please submit the following:

- 1- Copy of Qatari ID
- 2- Copy of Passport
- 3- Copy of Visa
- 4- Copy of Passport /Visa For Spouse and Children
- 5- Color 2'X2' Passport Photo (without head cover for male student only )
- 6- Registration letter
- 7- Sponsor's Letter/Financial Guarantee
- 8- College / I-20

Please send these requirements via email to [studentinfo@qatarmed.org](mailto:studentinfo@qatarmed.org) or mail them to:

**Office of the medical Attaché  
Embassy of the state of Qatar  
2555 M Street, NW  
Washington, DC. 20037**

*Medical Attaché  
Nasser Ali Al-Saadi*