



Sugar Land Neurology & Sleep  
M.D., P.A.

M. Faisal Khan, M.D., D, ABSM

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## OBSERVERSHIP FORM

Please fill in the relevant information and write NA where not applicable.

### PERSONAL INFORMATION:

Name \_\_\_\_\_ Social Security No. \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Last name) First Middle Initial

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth: \_\_\_\_\_

Present Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email address \_\_\_\_\_

Permanent Address \_\_\_\_\_

Permanent Home Phone \_\_\_\_\_

Citizenship:

US Citizen: \_\_\_\_\_

Perm Resident #: (Attach Copy) \_\_\_\_\_

Work Authorization #: (Attach Copy) \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Visa Type (Attach Copy): H1B \_\_\_\_\_ J1 \_\_\_\_\_ F1 \_\_\_\_\_ B1 \_\_\_\_\_ OTHER \_\_\_\_\_

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### EDUCATION

Name \_\_\_\_\_ Dates From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_

Degree \_\_\_\_\_ Honors, Scholastic Achievement \_\_\_\_\_

**UNDERGRADUATE / GRADUATE SCHOOL(S) (List exact name of school(s), dates must include day, month and year)**

Name \_\_\_\_\_ Dates From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Degree \_\_\_\_\_

Name \_\_\_\_\_ Dates From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Degree \_\_\_\_\_

Honors, Scholastic Achievement \_\_\_\_\_

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**OTHER EMPLOYMENT:**

**Name of Institution** \_\_\_\_\_

Job Title \_\_\_\_\_

Address \_\_\_\_\_

Dates of Employment: Date(s) From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_ Did you leave in good standing?  
Yes \_\_\_ No \_\_\_

If No please explain

\_\_\_\_\_  
\_\_\_\_\_

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**EXAMINATIONS / LICENSURE**

USMLE \_\_\_\_\_ Dates \_\_\_\_\_ Score / Parts I \_\_\_\_\_ II/CK  
\_\_\_\_\_ IICS \_\_\_\_\_

ECFMG \_\_\_\_\_ Cert #: \_\_\_\_\_ Expiration date: \_\_\_\_\_

\_\_\_\_\_

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**PUBLICATIONS / RESEARCH EXPERIENCE**

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**SPECIALTY INTEREST / INTEREST IN SUGAR LAND NEUROLOGY AND SLEEP**

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To the best of my knowledge, all of the above information is correct and true, and no such attempt has been made to conceal pertinent information. I authorize my former employers, schools and personal references to provide any information they may have regarding me, whether or not it is on their records. I hereby release them and their company and/or institutions from any and all liability for divulging same. I understand that if any information given by me in this application is false or misleading I will be subject to immediate dismissal, and I agree to hold the Health System and its agents blameless in that event.

Signature

Date

Please note there are advanced 500 dollars nonrefundable charges for one month observer ship. Duration can be extended keeping in view the individual interests and upon advance payment of extendable period.

Person to contact

Naveed Ahmad

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Fax : 281-249-5439

Email: nahmad@sugarlandneurologist.net