New steps for TAMM enrolment

- 1. Login to TAMM
- 2. Click on Goverment entities
- 3. Select Departmnet of health
- 4. Enrol in medical programmes , then Click on start
- 5. Request for Enrollment in Medical Education and Training Programs
- 6. Fill the requeierd boxes (Country of Residence)
- 7. Select course title and facility
- 8. Select correct date
- 9. Submitt

| My TAMM V Services Govern | Support | 😒 🞝 ی العربیة 🗛 ک | | | |
|--|--|---|--|--|--|
| Abu Dhabi Government Entities | | | | | |
| Find an entity | | ٩ | | | |
| | | | | | |
| Abu Dhabi Police Department of Eco Development | nomic Department of Health | Department of Government Enablement | | | |
| Home > Department of Health | | | | | |
| Medical Education and Training | | | | | |
| Emrol in Medical Programmes Emirati Expat Business Department of Health | Accredit Medical Programmes Emiral Expat Business Department of Health | Medical Training Programme Management Emirati Expat Business Department of Health | | | |
| Correctit Medical Facility Emiral Expet Business Department of Health | Medical Training Accreditation Emiral Expat Business Department of Health | Medical Programmes Accreditation | | | |

| Enrol in M | odical Pr | ogrammas | |
|--|---|--|---|
| | edical Pr | ogrammes | |
| equest for Enrollment in M althcare professionals can | edical Education and Tra apply to enrol in Continu | ining Programs: Through this service, Ious Medical Education programmes. | |
| Department of Health | ☆ Add to Favourites | | |
| Required Docun | nents | | |
| he following documents m | ust be submitted during t | he application | |
| Not Applicable | | | |
| Cost | | | |
| | | | |
| equest for Enrollment in Medic | al Education and Training Pr | ograms AED 0 | |
| | | | |
| 6 min 🔲 Varying cost | mes | | Start |
| Home > Digital services > Request f | or Enrolln | nent in Medical I | Education and |
| Training F | Programs | | |
| Applicant and Programme Details | | | |
| Review and update the applicant and programme information, as required, in the fields below. | | tails | Process |
| Review and update the applic | ant and programme information | tails on, as required, in the fields below. | Process Applicant and Programme Details |
| Applicant Details | ant and programme informatio | tails | Process Applicant and Programme Details @ Application Submitted |
| Review and update the applic | ant and programme information | tails on, as required, in the fields below. FULL NAME (ARABIC) | Applicant and Programme Details |
| Review and update the applic Applicant Details FULL NAME (ENGLISH) Nedal Mohd Abdelrahman | ant and programme information | tails on, as required, in the fields below. FULL NAME (ARABIC) | Process Applicant and Programme Details Application Submitted Relevant Entity |
| Applicant Details FULL NAME (ENGLISH) Nadal Mohd Abdelrahman | ant and programme information | tails on, as required, in the fields below. FULL NAME (ARABIC) لاغال محمد عبد الرحمن اللمزاوي | Process Applicant and Programme Details Application Submitted Relevant Entity |
| Applicant Details FULL NAME (ENGLISH) Nedal Mohd Abdelrahman Date of Birth 28 Neurophys 1020 | ant and programme information | tails on, as required, in the fields below. FULL NAME (ARABIC) لاعال محمد عبد الرحمن اللمزاوي gender | Applicant and Programme Details Application Submitted Relevant Entity Department of HEALTH |
| Applicant Details FULL NAME (ENGLISH) Nedal Mohd Abdelrahman Date of Birth 28 November 1970 | ant and programme information | tails on, as required, in the fields below. FULL NAME (ARABIC) لاعال محمد عبد الرحمن اللمزاوي gender Male | Applicant and Programme Details @ Application Submitted @ Application Submitted Relevant Entity DEPARTMENT OF HEALTH |

Select

Baniyas Towers, Al Falah Street -Fatima bint Mubarak St 6, Abu Dhabi

Website https://doh.gov.ae Email contact@abudhabi.ae

 \sim

Title: BEST OF ASCO UAE 2024 CONFERENCE

| TITLE | FACILITY | | |
|------------------|-------------------|--------|--|
| Choose the Title | | \sim | |
| Vailable Dates 🛊 | Time & Location & | | |
| Choose the Date | |] | |
| | | | |

Email Address

<mark>Submit</mark>

Contact Details

📪 Mobile Number

Home > Digital services > Department of Health >

Request for Enrollment in Medical Education and Training Programs

