

**PARTICULARS TO BE FURNISHED BY FOREIGN MEDICAL STUDENTS TO UNDERGO ELECTIVE TRAINING IN MEDICAL COLLEGES IN INDIA**

1. Name of the candidate (In full, block Capital : Mr./Miss/Mrs letters) with address in the Native Country

2. Nationality :

3. Father's Name :

4. Date and place of Birth :

5. Passport No. date & place of issue :  
(Please attach 3 photocopies)

6. Address of communication &Email :

7. Applicant's likely address in India during stay:

8. Name & address of the college/University where studying:

9. Year of admission in the College :

10. Year in which studying :

11. Examinations they have passed :

12. Type of elective training the candidate desires to do :

13. Appropriate period of elective training in India (give exact dates) :

14. What is it that they expect in elective training in India :

15. A reference letter from the Dean, Medical College/University of the applicant sponsoring the candidate (please attach 3 photocopies of the letter) :

16. Have you taken the minimum time to reach the stage of the course, if not, please explain :

17. Any other relevant information on the subject:

SIGNATURE OF THE CANDIDATE (with date, month, year)