



BOARD OF GOVERNORS
IN SUPERSESSION OF MEDICAL COUNCIL OF INDIA
Pocket - 14, Sector - 8, Phase-I, Dwarka, New Delhi - 110 077
Phone : 011-25367033, 25367035, 25367036,
Email : mci@bol.net.in, Website : <http://www.mciindia.org>

APPLICATION FORM FOR DOING ELECTIVE TRAINING IN
INDIA BY FOREIGN STUDENTS

(Please read the instructions carefully before filling the form)

Affix
attested
front view
Photograph

1. Name :
2. Name of Father/Guardian :
3. Date and Place of Birth :
4. Nationality :
5. Passport Number :
6. Permanent Address :
7. Address for Correspondence & Telephone No.:
8. Address for Residing in India:
9. Address of the Medical College/Medical:
School
10. Year of your study in medical college:
11. Subjects taken in medical school/college:
12. Subject/s of study in India:
13. Time of proposed elective term in India:
14. Purpose of study in India :
15. Letter of approval from Dean of faculty:
from the sponsoring University
16. Any special course/qualifications:
obtained during your study in your country.

17. Details of payment of fees:

(a) Paid by Demand Draft:

(b) Amount rupees:

!8. Details of demand draft:-

(a) Name & address of issuing bank

(b) Demand draft no. _____ dated _____

Date:

Signature of Applicant

Place:

INSTRUCTIONS

1. THE APPLICATION FORM SHOULD BE PROPERLY AND NEATLY FILLED IN AND SHOULD BE SENT THROUGH THE DEAN/PRINCIPAL OF THE MEDICAL COLLEGE OF INDIA WHERE THE CANDIDATE WANTS TO DO THE ELECTIVE TRAINING.
2. RECOMMENDATION LETTER OF THE UNIVERSITY WHERE AT PRESENT THE CANDIDATE IS STUDYING.
3. NON REFUNDABLE APPLICATION FEE OF RS. 5000/- (RUPEES FIVE THOUSAND ONLY) BY A BANK DRAFT IN FAVOUR OF “THE SECRETARY, MEDICAL COUNCIL OF INDIA”, PAYABLE AT NEW DELHI (CHEQUES ARE NOT ACCEPTED). ON REVERSE OF THE DRAFT, FOLLOWING DETAILS TO BE FILLED BY THE APPLICANT AND DULY SIGNED: -
 - (a) Name
 - (b) Father’s Name
 - (c) Purpose for which the draft submitted
 - (d) Telephone No with Code/Mobile No.
4. APPLICANT IS ADVISED TO RETAIN COPY OF HIS APPLICATION AND DRAFT FOR FUTURE REFERENCE


CHECK LIST for submission of documents

The candidates are requested to ensure that the documents be enclosed as per the order in the Checklist. All papers/documents should be numbered according to the checklist. Please arrange the application in the following order & tick mark the relevant boxes:

- | | | |
|--|------------------------------|----------------------------|
| 1. Bank Draft..... | <input type="checkbox"/> Yes | <input type="checkbox"/> N |
| 2. Application form | <input type="checkbox"/> Yes | <input type="checkbox"/> N |
| 3. Whether the application is forwarded through the Dean/ Principal
Of the Medical College..... | <input type="checkbox"/> Yes | <input type="checkbox"/> N |
| 4. Recommendation letter from the concerned authority where the candidate
is studying at present..... | <input type="checkbox"/> Yes | <input type="checkbox"/> N |

Signature _____

Dated _____

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ACKNOWLEDGEMENT

(to be filled by the candidate)

Received Application from Ms/ Mr.....
D/o / S/o Sh..... alongwith Bank Draft/DD
No..... dated..... for Rs.....
Drawn on Bank.....
for permission for doing Elective Training in India by Foreign Students, for consideration.



Signature of Receiving Official
with date