- Particulars to be furnished by Foreign Medical Students wishing to undergo Elective training in Medical Colleges in India.
- Please send six copies of this form, duly filled along with the required documents\* and the bank drafts.
- Name of the candidate (In full and in block capital letters) with postal address in the Native Country
- 2. E mail address:
- 3. Nationality:
- 4. Father's Name:
- 5. Date(DD/MM/YY) & Place of Birth:
- 6. Passport No., Date and Place of issue : (Please attach six (6) photocopies)
- 7. Address for communication:
- 8. Applicant's likely address in India during stay :
- Name & Address of the College / University where you obtained your MBBS\* degree:
- 10. Name & Address of the College / University where studying at present :
- 11. Year of admission to the College :
- Specialty in which you are training at present (Internal Medicine, Pediatrics, Orthopedics etc)
- 13. Year in which studying :(PGY1, PGY2 etc)
- 14. Type/Subject of Elective
  Training the candidate desires
  to do:
- 15. Approximate period of Elective Training in India: (with likely dates of Elective Training)
- 16. What do you expect from the Elective Training in India:
- 17. A reference letter from the Dean, Medical College / University of the applicant sponsoring the

- candidate :(Please attach six (6) photocopies of the letter)
- 18. Have you taken the minimum time to reach the stage of the course, if not, please explain:
- 19. Any other relevant information:
- 20. A Bank Draft\*\* of Rs. 5,000/
   (non-refundable) in favour
  of the Secretary, Medical
  Council of India, payable at New
  Delhi .Please mention details of
  the draft) ((Please note: In some
  demand drafts there is column
  for "Branch". This SHOULD be
  New Delhi).
- 21. A bank draft\*\* For Rs.1000/
   in favour of the Municipal
  Corporation of Greater Mumbai
   payable in Mumbai (Bombay)
   this is the application
  processing charge. Please
  mention the details of the
  draft (Please note: In some
  demand drafts there is column
  for "Branch". This SHOULD be
  Mumbai (Bombay).

## Signature of the candidate Date ( dd/mm/yy )

The forms duly completed should be mailed along with all required documents to :

The Dean,

Seth G.S. Medical College,

Parel, Mumbai 400 012.

India.

- \* MBBS: This is the first medical degree that one is awarded after completing (undergraduate/ graduate)medical education. In some countries this may be referred as an M.D. degree.
- \*\* We can accept only "bank drafts" (also called "demand draft, banker's cheques or pay orders").
   We cannot accept cash, credit card payment, wire transfers or personal cheques)

You have to send the following:

- 1. Six copies of this form.
- 2. Six copies of Form for Temporary Medical registration.
- 3. Six passport-sized photographs
- 4. Six photocopies of your passport
- 5. Six copies of reference/recommendation letter from the Dean of the medical college/university where you are currently undergoing medical studies
- 6. A bank draft for Rs.1000\*/- (non refundable) in favour of the Secretary, Medical Council of India payable at New Delhi to enable this office to get permission from the above authorities to allow you to

undergo the elective training at these institutions.

- 7. A bank draft\* For Rs.1000/- in favour of the Municipal Corporation of Greater Mumbai payable in Mumbai (Bombay)- this is the application processing charge. (Please note: In some demand drafts there is column for "Branch". This SHOULD be Mumbai (Bombay).
- 8. Six copies of your MBBS\*\* passing certificate.