



MEDICAL COUNCIL OF INDIA

Poc ket - 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](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 & Email Id.:
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 cash/Demand Draft:
- (b) Amount rupees:

!8. Details of demand draft:-

- (a) Name & address of issuing bank
- (b) Demand draft no. _____ dated _____
- (c) If amount is paid by cash then cash receipt no.
and date as issued by the account section of MCI

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. 5900/- (RUPEES FIVE THOUSAND NINE HUNDRED ONLY) BY A BANK DRAFT IN FAVOUR OF “THE SECRETARY, NATIONAL MEDICAL COMMISSION”, 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.
 - (e) In case of payment is made in cash, it will be made only to authorized officer in account section of MCI and receipt obtained in duplicate. Original copy of receipt will be attached with the application and details of such payment filled by the applicant in the form. Duplicate copy of receipt will be retained by the applicant. No payment will be made in cash to any person of MCI at the counter or anywhere else except in account section.
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..... | <table border="1"><tr><td>Yes</td></tr></table> | Yes | N | <table border="1"><tr><td></td></tr></table> | |
| Yes | | | | | |
| | | | | | |
| 2. Application form | <table border="1"><tr><td>Yes</td></tr></table> | Yes | N | <table border="1"><tr><td></td></tr></table> | |
| Yes | | | | | |
| | | | | | |
| 3. Whether the application is forwarded through the Dean/ Principal Of
the Medical College..... | <table border="1"><tr><td>Yes</td></tr></table> | Yes | N | <table border="1"><tr><td></td></tr></table> | |
| Yes | | | | | |
| | | | | | |
| 4. Recommendation letter from the concerned authority where the candidate
is studying at present..... | <table border="1"><tr><td>Yes</td></tr></table> | Yes | N | <table border="1"><tr><td></td></tr></table> | |
| Yes | | | | | |
| | | | | | |

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