

**ALL INDIA INSTITUTE OF MEDICAL SCIENCES**

ANSARI NAGAR, NEW DELHI – 110 029, INDIA

ELECTIVE TRAINING FOR UNDERGRADUATE MEDICAL STUDENTS AT AIIMS

Telephone No.26589796, 26594832

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Email – **aiims.reg@gmail.com**

Our Ref.No.F .12- /2013-Acad.II

Dated :

Dear Sir/Madam,

This is to acknowledge your letter/enquiry dated _____ regarding Elective Training at this Institute. In this connection, I wish to say that a student desirous of doing elective at this Institute is required to furnish the information on the prescribed format appended on the reverse, as it is mandatory to seek the approval of the Government of India before permitting any foreign national for Elective Training at this Institute. Please note that this Institute imparts elective training only to undergraduate MBBS and Dental students. The maximum period of elective training, is three months. During this elective training they will not eligible to do such activities leading Patient Care.

In the forwarding note/letter a student has to give the information about the source of financial assistance for travel, boarding, lodging and local expenses. The Institute does not provide any financial assistance. We may be able to make a candidate's training more interesting and convenient, if he/she indicates the departments of posting, Rural posting, in advance. (For Rural posting we can accept students from January to June, only).

In addition to daily use articles, a candidate has to bring an apron (White coat) with him/her when he/she comes here for Elective Training. In case, a candidate is interested to do his/her elective posting in Rural areas, he/she is advised to bring a sleeping bag alongwith.

Due to shortage of Hostel accommodation, it will not be possible for us to provide accommodation in our hostels in the campus. However, if the same is available, will be provided on usual payment basis.

As per the Institute rules, you are requested to send a bank draft for US \$ 125 alongwith your request for Elective Training upto 3 months, a draft in the name of DIRECTOR AIIMS can be drawn on State Bank of India, Ansari Nagar, New Delhi. If it is not possible to prepare the bank draft in your country then you can deposit US \$ 125 in cash at the time of joining the Elective Training at AIIMS.

For student's training AIIMS does not require MCI's permission. MCI Temporary Registration is required for only those Foreign visitor i.e. qualified doctor from that country requesting for Patient Care participation as an observer or short term / long term basis.

Please apply for permission giving at least a time-gap of one month before the actual start of Elective Training.

Please invariably quote our above reference number and date in all future correspondence.

Yours sincerely,

REGISTRAR

Ms./ Mr.

APPLICATION FORM FOR ELECTIVE TRAINING AT AIIMS

- 1. Name of the candidate
(in full and in Block capital letters) with address in the Native country.
- 2. Nationality
- 3. Father's Name
- 4. Date and Place of Birth Attested by Dean
- 5. **Passport No. Date and Place of issue
(Please attach four Photo-copies)**
- 6 **Address** for communication with **Email**
- 7. Applicant's likely address in India during stay.
- 8. Name & Address of the college/ University where studying.
- 9. Years of admission in the college
- 10. Year in which studying.
- 11. Examinations, he/she has passed
- 12. Type of Elective Training the Candidate desired to do specify the Discipline/deptt. in which training is required.
- 13. Appropriate **Duration** and **Period** of elective training in India. (Please specify date, month and year also).
- 14. What is it that he/she expects in Elective training in India?
- 15. **A reference letter from the Dean, Medical College /University of The applicant sponsoring/ permitting. The candidate to do elective at the AIIMS, New Delhi (Please attach one original with three photocopies).**
- 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 the date, month, year.**