



**ALL INDIA INSTITUTE OF MEDICAL SCIENCES**  
**Ansari Nagar, New Delhi 110029, India**

**Elective Training Application Form**  
**Undergraduate Medical Students (Foreign only)**

Photo

1. Name of the candidate  
(in full and in Block capital letters) \_\_\_\_\_
2. Full postal address in native country \_\_\_\_\_
  
3. Nationality \_\_\_\_\_
4. Father's Name \_\_\_\_\_
5. Date and Place of Birth \_\_\_\_\_
6. Passport \_\_\_\_\_  
Passport Number \_\_\_\_\_  
Date of issue \_\_\_\_\_  
Place of issue \_\_\_\_\_  
Issuing country \_\_\_\_\_
7. Address for communication \_\_\_\_\_
8. Email \_\_\_\_\_
9. Applicant's likely address in India during stay \_\_\_\_\_
  
10. Have you previously applied for/ trained at  
AllMS, New Delhi? Please give details. \_\_\_\_\_
11. Name of the college/ University where studying \_\_\_\_\_  
Address of the college/ University where  
studying \_\_\_\_\_  
Year of admission in the college \_\_\_\_\_  
Year in which studying \_\_\_\_\_  
Likely date of end of course \_\_\_\_\_  
Examinations passed \_\_\_\_\_
12. Elective Training applied for: Specify  
departments and dates for each \_\_\_\_\_
13. What is your expectation from this elective  
training in India? (attach additional sheet if  
required) \_\_\_\_\_
14. Reference letter from Dean or similar authority  
attached? \_\_\_\_\_
15. Have you taken the minimum time necessary to  
reach the current stage of your course? If not,  
please explain. \_\_\_\_\_
16. Any other relevant information on the subject. \_\_\_\_\_

**Endorsement by Dean or similar**



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**Elective Training**  
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Elective training during the undergraduate MBBS program aims to expose foreign medical students to the Indian hospital and training environment and enable socio-cultural exchange among students. Elective training is available only to foreign undergraduate MBBS students. Students holding Indian citizenship/passport or those studying in Indian universities or colleges are not eligible for these training. Similarly, Indian students who are training in foreign medical colleges are not eligible for this training. For student's training, AIIMS does not require permission of the Medical Council of India.

1. The maximum period of elective training is three months.
2. During this elective training, students will not be allowed to engage in patient-care activities.
3. The Institute does not provide any financial assistance to the trainees. They are required to provide details of source of funding for their visit.
4. Students should indicate the preferred departments of posting in their application. For posting in the rural health clinics, we can accept students only from January to June.
5. Students must bring and wear an apron (White coat) while attending the elective training. For elective posting in rural areas, it is advisable to bring a sleeping bag.
6. Due to shortage of hostel accommodation, it will not be possible for us to guarantee accommodation in our hostels in the campus. However, if the same is available, it will be provided on usual payment basis.
7. Elective trainees are required to send a bank draft for US \$125, along with their request for elective training, in the name of Director, AIIMS, drawn on State Bank of India, Ansari Nagar, New Delhi. If it is not possible to prepare a bank draft, the deposit of US \$125 can be made in cash at the time of joining the Elective Training at AIIMS.
8. Please apply for permission at least three months before the actual start of Elective Training.

**Applications must contain the following documents:**

1. Completely filled application form
2. Four copies of applicant's passport (Self attested)
3. Reference letter from Dean or similar authority from the applicant's parent institution supporting the applicant's candidature for the elective training and confirming the applicant's eligibility for such elective training.

**Application material may be sent to:**

The Registrar  
Academic section  
All India Institute of Medical Sciences  
Ansari Nagar, New Delhi 110029, India  
Email: academicsection@aiims.edu