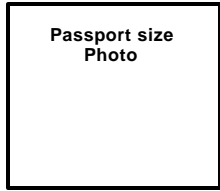


**CLINICAL /COMMUNITY ELECTIVE PROGRAMME
FOR FOREIGN MEDICAL STUDENTS**



**ORGANIZED BY
National Centre on Health Professions Education (NCHPE)
TU INSTITUTE OF MEDICINE, NEPAL**

APPLICATION FORM

Please use typewriter or capital letters

Family name: _____

First name: _____

Nationality: _____

Passport Number: _____

Sex:

Male:

Female:

Date of birth;

_____/

_____/

day

month

year

Mailing address of Student:

Street Address: _____
City: _____ Country: _____
Phone: _____ Email: _____

Medical Schools Address (in detail):

Medical student since: _____ Clinical student since: _____

Expected date of graduation: _____ / _____

Languages spoken:

Native language: _____ Other languages: _____

Preferred Department in Priority Order	
1	3
2	4

Duration in week within the period from _____ to _____
day month year day month year

I have health insurance coverage for this period yes No

Desired type of clerkship

- Pre-clinical Clerkship
- Clinical Clerkship
- Other.....

Please forward following documents attached with this application form:

1. Letter of Intent (not exceeding one page)
2. Curriculum Vitae.
3. Letter of bonafide student duly signed by the Dean/Vice-Dean or Registrar of the Medical School.
4. One passport size photo (for record file)
5. One auto-size photo (for identification card).

Date: _____

Signature of Applicant

