

**NATIONAL MEDICAL COMMISSION**  
**Pocket - 14, Sector - 8, Phase-I, Dwarka, New Delhi - 110 077**  
**Phone : 011-25367033,25367035, 25367036,**  
**Website : <http://www.nmc.org.in>**

**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.:
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) UTR No. \_\_\_\_\_ dated \_\_\_\_\_

(b) Amount rupees:

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. 5,000/- (RUPEES FIVE THOUSAND ONLY) + 18% GST i.e. TOTAL AMOUNT OF RS. 5,900/- BY RTGS/NEFT/IMPS IN FAVOUR OF “SECRETARY, NATIONAL MEDICAL COMMISSION, CANARA BANK ACCOUNT NO. 90682160000025, IFSC CODE IS CNRB0019109”, AND INTIMATE US THE UTR NO. AFTER PAYMENT, AS TO ENABLE THE NMC TO TAKE FURTHER NECESSARY ACTION IN THE MATTER: -
  - (a) Name
  - (b) Father’s Name
  - (c) Purpose for which the fee submitted
  - (d) Telephone No with Code/Mobile No.
4. APPLICANT IS ADVISED TO RETAIN COPY OF HIS APPLICATION AND DRAFT FOR FUTURE REFERENCE

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**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. Fee payment UTR No.....   | <input type="checkbox"/> Yes | <input type="checkbox"/> N |
| 2. Application form .....  | <input type="checkbox"/> Yes | <input type="checkbox"/> N |
| 3. Whether the application is forwarded through the Dean/ Principal<br>Of the Medical College.....       | <input type="checkbox"/> Yes | <input type="checkbox"/> N |
| 4. Recommendation letter from the concerned authority where the candidate<br>is studying at present..... | <input type="checkbox"/> Yes | <input type="checkbox"/> N |

Signature \_\_\_\_\_

Dated \_\_\_\_\_

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## **ACKNOWLEDGEMENT**

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(to be filled by the candidate)

Received Application from Ms/ Mr.....  
D/o / S/o Sh..... alongwith payment UTR  
No..... dated..... for Rs..... on  
Bank..... for  
permission for doing Elective Training in India by Foreign Students, for consideration.



Signature of Receiving Official  
with date