

**Dr.B.L.Kapur Memorial Hospital**  
**Pusa Road, Delhi 110 005**

Photograph

**Application form**  
**Observership**

1. Name of the applicant:  
(In block letters)
2. Father's name:  
(in block letters)
3. Date and place of birth:
4. Nationality:
5. Observership course applied in:  
(Mention specialty/discipline)
6. Preferred date of training and duration:
7. Name of the medical degree/ diploma obtained and university/licensing body with the month and year of passing:
8. Registration particulars:
  - (a) Are you registered in any foreign country? If so, give name of the body with which registered and the number and date of registration:
  
  - (b) Are you registered as a practitioner in your own country? If so give the name of the body with which registered and the number and date of registration:
  
  - (c) Are you having current registration in your own country, if so, state the no. & date of registration with the name of the state medical council:
9. Name of the sponsoring authorities with complete address (authorization document to be enclosed).

10. Present address (In block letters):

11. Contact no.:

12. E-mail:

13. Whether agree to the terms and conditions:    yes / no

14. Whether documents attached as per the check list:    yes / no

Signature of the applicant

Date: \_\_\_\_\_

Place: \_\_\_\_\_

**Terms and conditions**

- a) If you are a foreign national, temporary registration from MCI is mandatory.
- b) The candidate has to make his/her own arrangement for boarding and lodging and the institute does not provide any hostel accommodation
- c) The application must be forwarded 3-4 weeks in advance to the AARCE for processing and necessary formalities.
- d) Candidate must have adequate health/travel insurance during the period of stay and no financial support will be provided for any medical ailments or any other expense
- e) Candidate will abide by the rules and regulations of the institution and law of the land
- f) Candidate will be disqualified from the Observership/ training, in case the information/documents, provided are found to be false

**Check list**

The candidate is required to enclose duly attested photocopies of the following documents as per the order in the check list (documents to be serially numbered). Tick Yes / No.

- |   |          |
|---|----------|
| 1) Application form   | Yes / No |
| 2) Certificate from the sponsoring authority  | Yes / No |
| 3) Biodata  | Yes / No |
| 4) Recommendation letter (from the Head / Dean /<br>Principal / Vice Chancellor of the concerned university /<br>Institution / Organization | Yes / No |
| 5) No objection certificate from the employer   | Yes/ No  |
| 6) Passport size photograph (4)   | Yes / No |
| 7) Sponsorship letter from the employer/government  | Yes/ No  |
| 8) Provisional degree or diploma certificate  | Yes / No |
| 9) Certificate of registration  | Yes / No |
| 10) Any other (please specify):   |          |

(Note: Copy of passport, visa and medical insurance will have to be submitted on joining the Observership.)

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_