

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 /
Principal / Vice Chancellor of the concerned university /
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: _____