



Jawaharlal Institute of Postgraduate Medical Education & Research

(An Institution of National Importance Under Ministry of Health & Family Welfare, Govt. of India)

Dhanvantari Nagar, Puducherry – 605 006

Academic Section

Guidelines for Elective Training of Foreign Undergraduate Medical Students

Elective training is offered only to Foreign Undergraduate MBBS students. The aim of the training is to expose them to the Indian hospital setup and training environment. It is also expected to encourage socio-cultural exchange among students.

Eligibility:

1. Elective training is available only to foreign undergraduate students (MBBS or MD depending on the country) who are currently pursuing the course.
2. Permission and reference letter from the applicant's Medical college/University is required.
3. Student visa is mandatory for the applicants interested in elective training and an active health/medical insurance is mandatory before commencing the elective training.
4. Students holding Indian citizenship/Passport, students in universities or colleges in India, and Indian Nationals who are studying in foreign medical colleges are **not** eligible.

Duration of elective training:

The duration of such elective training will be a minimum of 2 weeks and a maximum of 3 (three) months.

Application procedure:

The applicants should write to the Dean (Academic), JIPMER with the following at the address below:

1. Duly filled-in application form (3 original copies)
2. Self-attested copy of passport (3 original copies)
3. A Recommendation letter from the Dean or the Head of the applicant's university/institution (3 original copies), supporting the applicant's candidature for the elective training and confirming eligibility.
4. A bank draft for application fee.

The Dean (Academic),
Third floor, JIPMER Academic Centre,
JIPMER, Dhanvantari Nagar PO.,
Puducherry 605006

Application and training fees:

Applications should be accompanied by a bank draft for US\$ 125 (non-refundable) in favour of Dean (Academic), JIPMER and drawn on State Bank of India, JIPMER Branch, Dhanvantari Nagar, Puducherry (**IFSC Code: SBIN0002238, SWIFT Code: SBININBB228**).

Once the permission for elective training is granted, the applicant will have to pay a training fee in Indian rupees equivalent to 200 US Dollars for the first month (or part thereof) followed by 100 US Dollars for each subsequent month(s), at the time of joining.

Approval and permission:

Upon receiving the applicant's documents and processing fee, the application will be processed and forwarded to the Ministry of External Affairs, Government of India, New Delhi for obtaining its mandatory permission for elective training. JIPMER does not require permission from the National Medical Commission of India.

Applications must be submitted at least six months before the proposed period of elective training. The applicant will be informed as soon as the permission has been granted.

Important information:

1. During the training period, applicants may only observe but are not permitted to perform or be involved in any patient-care related activities.
2. The choice of departments preferred for posting by the trainees should be mentioned in their application form. There is also availability of postings in the Rural health centre.
3. The trainees are expected to arrange their **own** accommodation. Hostel room may be offered subject to availability and on payment basis, as per the rules and regulations in force.
4. Trainees should wear formal clothes and a white coat while attending the elective posting.
5. The Institute will NOT provide any financial assistance under any circumstances. The application must disclose details of the source of funding for the visit/training.

Dean (Academic)

Application form:

JAWAHARLAL INSTITUTE OF POSTGRADUATE MEDICAL EDUCATION AND RESEARCH Puducherry 605 006.		
Application form for elective training at JIPMER for foreign medical students		
1	Name of the applicant (in full & in capital letters) and address in the native country	
2	Applicant's photo to be affixed in the space on the right (recent photo of size 51 mm x 51 mm, covering face and shoulders)	
3	Nationality	
4	Father's /Mother's name	
5	Date and Place of Birth	
6	Passport No., date and Place of issue (Please attach three Photocopies)	
7	E-mail address	
8	Contact phone number	
9	Address for communication (Primary mode of communication will be through email)	
10	Applicant's likely address in India during stay (if available)	

11	Name & address of the applicant's College/University	
12	Year of admission in the applicant's college and course name	
13	Current year of study	
14	Examinations/Subjects that the applicant has passed in the course	
15	Whether the applicant has taken the minimum time for reaching the current stage in the medical course; if more, please explain	
16	Type of elective training the candidate desires (Specific department/discipline in which training is desired)	
17	Period of training requested	From To
18	Expectations of the applicant during the elective training (200 words)	(As attachment)
19	Source of funding	
20	Whether three copies of reference letter from the Dean, Medical College /University that is sponsoring the applicant is attached?	
21	Any other relevant information on the subject	
<p>Date: _____ Signature of the Applicant _____</p>		