

**CLINICAL ELECTIVE PROGRAMME FOR  
FOREIGN MEDICAL STUDENTS**

at

**Hospital for Advanced Medicine and  
Surgery (HAMS)**

Passport size  
Photo

**APPLICATION FORM**

*(Please use capital letters)*

**Personal Details**

Family name:

Middle name:

First name:

Nationality:

Passport Number:

Sex:

Date of birth(dd/mm/yyyy):

Contact number:

Email address:

Permanent Address:

**Medical School's Details**

Name of the Medical School:

Address (in detail):

Contact Number:

Medical student since

Clinical student since:

Expected date of graduation:

**Languages spoken**

Native language:

Other languages:

**Elective Program details:**

Preferred Department in Priority Order:

Program commencement and closure date:

Total duration of the program (in weeks):

Desired type of clerkship:

- a) Pre-clinical Clerkship
- b) Clinical Clerkship
- c) Other.....

Please forward the following documents attached along 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: