

SRI RAMACHANDRA INSTITUTE OF HIGHER EDUCATION & RESEARCH

(Deemed to be University)

APPLICATION FOR EXTERNAL STUDENT TRAINING

APPLICANT STATUS		
<input type="checkbox"/> Medical Student	<input type="checkbox"/> Dental Student	<input type="checkbox"/> Paramedical Student
NATIONALITY – Indian <input type="checkbox"/> NRI <input type="checkbox"/>		
APPLICANT INFORMATION		
Last Name:	First:	M.I.:
		APPLICANT'S PHOTO
Street Address:		Apartment/Unit #
City:	State:	Zip code:
Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth:	Aadhar No.:
Current place of study :		
Degree:		Probable Graduation Date:
Home Phone:	Mobile Phone:	Email:
Current HOD of your Institute :		Phone:
Required Criteria / Period/ Department at SRIHER		
One day Visit <input type="checkbox"/>	Observership <input type="checkbox"/>	Training <input type="checkbox"/> Internship <input type="checkbox"/>
Mini Projects <input type="checkbox"/>	Short Term Research <input type="checkbox"/>	Long Term Research <input type="checkbox"/>
Posting required in the <input type="checkbox"/> Department of-----at SRIHER from _____ to _____		

REASON FOR REQUEST (Please explain in one paragraph why you require the observership/training/internship/ research in SRIHER (DU))

The following documents should be submitted by the students along with the application

1. Aadhar Card/Social security no.
2. Bonafide certificate from the current studying Institute
3. Recommendation letter from Head of the Department/ Dean

DISCLAIMER AND SIGNATURE

By signing this application,

- I understand that I will not be permitted to engage in patient care.
- At any time, I will not be asked or allowed to answer specific questions about a patient's care or treatment, or otherwise provide medical or professional opinions.
- I understand that I will be expected to follow all of SRIHER policies, rules and regulations, specifically those regarding infection control, safety and confidentiality.
- I understand that I am on SRIHER property at my own risk and insurance coverage, that I will not be indemnified/ insured by SRIHER
- I understand that if I breach any policies or obligations, my permission to act as an observer/training will be withdrawn and I may be asked to leave immediately.

I certify that my answers are true and complete to the best of my knowledge. If this application is approved, I understand that I am responsible for submitting all required documents.

Student Signature:

FOR OFFICE USE

SRIHER COORDINATOR

Head of the Department:

Approved/Not Approved

Charges to be collected (+ GST)

One day Visit

Observership

Training

Internship

Mini Projects

Short Term Research

Long Term Research

Posting required in the Department of-----at SRIHER from _____ to _____

Remarks by Assistant Dean of External Students Training

Approved /Not Approved

Name:

Signature:

Seal:

Dean of Students

Incomplete Applications will not be accepted.

Note : e-mail your duly filled in Application form with enclosures to assistantdean.ext@sriramachandra.edu.in