

Verification from Institution

To be completed by DEAN or REGISTRAR of student's school (not relative)

Name of Student

Has the student completed following basic clinical rotations (*please check [✓] the completed rotations*)?

___ Medicine ___ Paediatrics ___ Dermatology ___ Anaesthesia ___ Ophthalmology
___ Surgery ___ Psychiatry ___ Otolaryngology ___ Orthopaedics ___ Obstetrics & Gynaecology

General Assessment of Academic and Clinical ability:

Below Average Average Above Average Outstanding

Student proficiency in English: **Written:** Fair / Good **Spoken:** Fair / Good

Yes No

- The student is approved to take this elective.*
- The student is in good standing at this institution.*
- The student will be covered by health and malpractice insurance through this institution.*
- Has student been involved in disciplinary issues?*
- Student understands that in case of illness or health related emergency or issue, the liability of care and payment will be on the parent institution / student.*
- Student understands that acting against code of conduct leads to immediate termination of elective.*
- An evaluation report will be required at the end of the electives.*
During the period of elective, student will be in _____ year of MBBS programme.
His / Her expected date of final year examination is _____ (month and year).

Signature: _____ Date: _____

Name: _____

Title: _____

E-mail: _____ Phone number _____

Address: _____

Institution Seal