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| **Image result for university of jaffna crest**  **Faculty of Medicine**  **University of Jaffna**  **Sri Lanka** | **Elective Placement Programme for Overseas Medical Students**  **Application Form** |

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| ***Please complete this form and return it to:***  *Office of the Dean, Faculty of Medicine, Adiyapatham Road, Kokuvil, Jaffna, Sri Lanka*  *Tel: +94212222073; email:* [*deanmedicines@jfn.ac.lk*](mailto:deanmedicines@jfn.ac.lk)  **Notes**   * **All sections of this form must be completed in full.** * **Please TYPE all details except your signature. This form must be emailed with the required supporting documents to** [*deanmedicines@jfn.ac.lk*](mailto:deanmedicines@jfn.ac.lk)**.** * **Correspondence will be by email. Please ensure that your email address is clearly legible.** * **Applications can take up to six weeks to process.** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Section 1 – Applicant details** | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Applicant Photograph** | | | | | Image result for facebook profile icon | | | | | | | | | | | | | | | | | | | | | |
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| **Personal details** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Title** | Mr  Mrs  Miss  Ms  Dr | | | | | | | | | | | | **Other (please specify)** | | | | | | | |  | | | | | |
| **First name** |  | | | | | | | | | **Middle name(s)** | | | | | |  | | | | | | | | | | |
| **Last name** |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Gender** | Male  Female | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Date of birth** | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | D | D |  | M | M |  | Y | Y | Y | Y | |  |  | / |  |  | / |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Nationality** |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Passport No** |  |  |  |  | |  |  |  |  | |  |  | |  |  | |  | |  |  | |  |  |  |  |  |
| **Your qualifications**  Please give the qualifications you wish to appear on your records (e.g. BA, BSc/MBBS) | | | | | | | | | | | | | | | | | |  | | | | | | | | |

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| **Section 1 - Applicant details (cont.)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Current residential address** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Address** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **City/town** | | |  | | | | | | | | | | | | | | **Postal Code** | | | | | | |  | | | | | | | | | |
| **Country** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Telephone number** | | | **Country code** | | | | |  | | | | **Area/City code** | | | | |  | | | | | **Number** | | | | |  | | | | | | |
| **Mobile number** | | | **Country code** | | | | |  | | | | **Area/City code** | | | | |  | | | | | **Number** | | | | |  | | | | | | |
| **Correspondence with you will be by email. Please ensure that your email address is correct and clearly legible.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Email address** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please print very clearly** |  | |  |  |  |  | |  |  |  | |  |  |  |  | |  |  |  |  | |  | |  |  | |  |  |  |  |  |  |
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| **Section 2 – Education and qualifications** | | | | | | | | | | |
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| **1. University education (start with most recent)** | | | | | | | | | | |
| **University** | |  | | | | | | | | |
| **Level** | | Bachelors | | | Masters | | | | Doctorate | |
| **Area of specialization/ Major** | |  | | | | | | | | |
| **Date of graduation (if applicable)** | |  | | | | | | | | |
|  | | | | | | | | | | |
| **2. University education** | | | | | | | | | | |
| **University attended** | |  | | | | | | | | |
| **Level** | | Bachelors | | | Masters | | | | Doctorate | |
| **Area of specialization/ Major** | |  | | | | | | | | |
| **Date of graduation** | |  | | | | | | | | |
|  | | | | | | | | | | |
| **3. Other professional qualifications (if applicable)** | | | | | | | | | | |
| Please provide details of any other professional qualifications that you have gained | | | | | | | | | | |
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| **Section 3: Details of preferred elective appointment** | | | | | | | | | | |
| **Department (list in order of priority)** | **No. of weeks** | | | | | **Preferred dates** | | | | |
| **From** | | | | **To** |
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| ***Note:*** *A student may select up to six departments* | | | | | | | | | | |
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| **Section 4 – Applicant declaration** | | | | | | | | | | |
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| **This section must be signed by the applicant.** | | | | | | | | | | |
| * I confirm that I do not have any criminal convictions, other than that may have arisen from road traffic accidents, and that I am not aware of any circumstances that would make me unsuitable for studentship as an Elective Student of the Faculty of Medicine, University of Jaffna, Sri Lanka. * I will enter Sri Lanka with Student Visa for my elective attachment(s) at the Faculty of Medicine, University of Jaffna * I am aware that a payment of US $55 per week must be paid to the University of Jaffna. * I will ensure that the relevant amount is paid in full to the ***Finance Branch, University of Jaffna*** or a branch of the   ***People’s Bank***, before I commence my elective attachment at the Faculty of Medicine, University of Jaffna.   * I understand that I will need to produce proof of payment along with the letter of authorization from the Dean to the   elective coordinator before I commence my elective attachment at the Faculty of Medicine, University of Jaffna. | | | | | | | | | | |
| **Name (BLOCK CAPITALS)** | | |  | | | | | | | |
| **Signature** | | |  | | | | **Date** |  | | |