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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***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***.**
* **Correspondence will be by email. Please ensure that your email address is clearly legible.**
* **Applications can take up to six weeks to process.**
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| **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** |

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| **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)** |  |
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| **2. University education** |
| **University attended** |  |
| **Level** | Bachelors [ ]  | Masters [ ]  | Doctorate [ ]  |
| **Area of specialization/ Major** |  |
| **Date of graduation** |  |
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| **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** |  |