FACULTY OF MEDICAL SCIENCES
UNIVERSITY OF DELHI

Application for Clerkship/Externship Abroad

Name of the Student:_____

Age:_____ Sex: M F

Parent Institution_____

Month & Year of passing MBBS Examination:_____

Period of Clerkship: D/M/Y_____ to D/M/Y_____

Signature of Head of the parent institution:_____

Signature of the Dean, Faculty of Medical Sciences:_____

Medical School/University accepting students for Clerkship:

Period of Clerkship: D/M/Y_____ to D/M/Y_____

Department where Clerkship is to be undertaken:_____

Signature of the Dean of Host Institution:_____
(With Seal)

Note: *Certificate of satisfactory completion of Clerkship from host institution must be submitted to the parent institution.*

Clerkship must include good hands-on experience, student should be allowed to do physical exams, touch the patients besides taking histories, case presentations and lab-result followups.