

**JUBILEE MISSION MEDICAL COLLEGE & RESEARCH INSTITUTE,**

**BISHIOP ALAPATT ROAD, JUBILEE MISSION P.O., THRISSUR EAST 680005**

***APPLICATION FORM FOR ELCTIVE POSTING***

1	Applicant photograph to be affixed in the space on the right (Recent photo of size 51mm x 51 mm – covering face and shoulders)	
2	Name of the applicant (in full and in capital letters) and address in the native country	
3	Nationality	
4	Father's /Mothers name and occupation	
5	Date of birth and place of birth	
6	Passport No date and place of issue ( Please attach three copies of photocopies of passport)	
7	E mail address	

8	Contact Phone Numbers	
9	Address for communication (Primary mode of communication will be through e mail)	
10	Applicant's likely address in India during stay ( If available)	
11	Name and address of the Applicant's College/University	
12	Year of admission in the applicant's College/University and name of the course attending	
13	Current year of study	
14	Examinations/Subjects that the applicant has passed in the course	
15	Whether the applicant has taken minimum time for teaching the current stage in the Medical Course, Please explain if more time has taken	
16	Type of elective training the candidate desires (Specific department/discipline)	

17	Period of training required(Maximum 90 days)	From	To
18	Expectations of the applicant doing the elective training ( 200 words)	Please attach	
19	Source of funding		
20	Whether three copies of reference letter from the Dean/Medical College/University (i.e. sponsoring the applicant) is attached		
21	Any other relevant information on the subject		
22	List of attachments		
<div> <div>Date</div> <div>Name &amp; Signature of Applicant</div> </div>			