**To be filled at the EHA Central Office during the orientation**

1. Name :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Address::\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Email ID::\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Phone No: International:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Indian:\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Passport No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Visa Type:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Valid From .. / .. / .. to .. / .. / .. Registration required at the FRO ……..
7. If the stay is more than 6 months in India from the date of entry, registration with the local FRO office within 14 days is mandatory. For some VISA categories registration is required irrespective of the period of stay.
8. Place of Posting:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
9. Period of Posting: From .. / .. / .. to .. / .. / ..
10. Date of Arrival in India: .. / .. / ..

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1. Place of Stay in New Delhi\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Arranged by EHA : Yes / No
3. Date of Orientation in EHA Central office .. / .. / ..
4. Date of Departure from New Delhi to Place of posting:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Date of Program or Contract ending at EHA Hospital / Project .. /.. / . .
6. Date of departure from India: .. / .. / .. Departure flight details……………………………..
7. Are you planning to visit any other place other than your hospital posting: Yes / No
8. If Yes please give details of places being planned after elective or volunteering in EHA hospitals

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Please give details of your travel insurance policy……………………………………….

Please note: No research work, interviews of local people or staff of EHA, documentation of data is to be **collected/published/communicated** without the written approval of the head of the hospital or project of EHA.

**This means no research and interview is permitted by any volunteer seconded from an agency or a direct placement. No write up or interview is to be given on behalf of EHA, to any Indian or foreign media, journals, publications under any circumstances. Please do not use social media to comment on your experiences in the hospital unless it only contains secular information.**

*I hereby assure that during my Volunteer / Medical elective period with any of the hospitals of Emmanuel Hospital Association where i am posted, I will abide by the rules and regulations of the organisation. In case of any indiscipline issues, I understand that my Volunteer / Elective posting will be cancelled.*

*Signature of the Candidate Signature of EHA Official*

*Name( ) Name( )*

*Date: Date:*

**FRRO reporting and registration ( only for foreigners )**

Reporting – Form C – on line or reporting to the local police station for stay less than 180 days.

Registration – Please note the requirement for registration is endorsed/mentioned on the visa page and is to be done within 14 days from the day of the arrival in India.

On line application for registration to be done - a date would be given to visit the FRO office to submit documents.

**Registration certificate** is issued during the visit or in a day or two.

***The Registration Certificate should be carried or kept with the passport throughout till the date of the departure from India. At the airport, while leaving the country, the immigration officer will ask/see the Registration Certificate.***

Remarks by Hospital SAO / Administrator about the candidate

Attendance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Professional work;\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Others:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature and stamp of SAO / Administrator *of the Hospital*

*Name( )*

*Date:*

**List of documents for ME and Volunteers**

1. Copy of the application form - signed by the volunteer and the elective.  
2. Copies of the invitation letter and the contract - also signed by the volunteer.  
3. Copies of the passport  
4. Copies of the Visa page in the passport    
5. Copy of the license and registration of their medical degree.  
6. A passport size photograph.  
7. Copy of the clearance form   
8. Proof of medical/travel insurance in India.

9. Request letter from the University ( for medical electives only )

10. Letter confirming Church membership.

11. Registration certificate at the FRRO

Note: A *copy of this form to be submitted to the Administrator of the EHA Hospital or Project where the Volunteer / or the Medical Elective is being Posted. The Form is to be filled in the last column by the Administrator to be sent back to SAO, EHA Central Office, New Delhi.*

*For those staying more than 180 days(or as rules would apply as per the endorsement in the visa) registration within 14 days with the local FRRO/FRO/SP’s office is important and a must.*