**EMMANUEL HOSPITAL ASSOCIATION**

**Nehru Place, New Delhi – 110019, India**

**MEDICAL ELECTIVE: APPLICATION FORM**

1. *\*\*Application to reach EHA Central Office - 90 days in advance from the date of starting the elective program*
2. *Mail to anita.biswa@eha-health.org*
3. **Personal Details**

Name of the applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (as in the passport)

Passport No ………………… validity………………..Nationality………………..

Gender: ……………….. Date of Birth as in the passport………………………..

Marital Status:

Email Address:

Present Address:………………………………………………………………………………..

...…………………………………………………………………………

Present Phone No.: ……...……………………………………………………………………

Permanent Address: …...……………………………………………………………………

……...……………………………………………………………………

Name of the course you are enrolled in :

Name of your University\* : ……...……………………………………………………………………

*[\* The University or College where the student is studying should request officially and explain to EHA the student’s visit as part fulfillment of their course. This letter is to be on the University or College letter head signed by a competent authority. EHA needs to receive this letter along with the filled form,before it starts the process of placement.]*

Educational Details: Year wise ……………………………………….

Any work experience: Year wise…………………………………………………………………………

**…………………………………………………………………………………………………….**

**…………………………………………………………………………………………………….**

**Passport size photograph upload here :**

1. **Medical Elective placement preference in EHA Hospitals :**

**To know more about EHA and the hospitals listed below visit www.eha-health.org**

1. Assam – Alipur 2. Assam – Makunda 3. Assam - Tezpur

4. Bihar – Raxaul 5 Bihar – Madhepura 6. Chattisgarh - Jagdeeshpur

7. Chattisgarh - Champa 8. Jharkhand – Satbarwa 9. Jharkhand - Barharwa

10. Madhya Pradesh – Chatarpur 11. Madhya Pradesh – Lakhnadon 12. Maharashtra - Chinchpada

13. Mahrashtra – Dapegaon 14. UttaraKhand – Herbertpur, Dehradun 15.Uttarankhand - Mussoorie

16. Uttar Pradesh – Utraula 17. Uttar Pradesh – Robertsganj 18. Uttar Pradesh - Fatehpur

19. Uttar Pradesh – Kachhwa 20. Uttar Pradesh – Lalitpur

*Preferred Locations? [write down the sl. No.]*

1st choice :

2nd Choice :

3rd Choice :

*[We will make all efforts to place you at the hospital of your choice, though this may not be possible always. In such a situation, we will let you know of other options available, for you to consider.]*

Starting Date of the Medical elective programme In India (*as accurate as possible)* : ……………………………………..…………………………

Name of the elective programme in your college or University:………………………………….

Duration of the programme in India (closing date)……………………………

What professional experience do you hope to gain from your placement (in not less than100 words)

…………………………………………………………………………………………………………………

Reason for seeking to elective programme in a rural Indian hospital which has limited resources ( about 100 words ):

A small write up on your statement of faith:

Personal Reference letter : Membership letter from Church pastor (if applicable)

**D. Other Information:**

Previous experience (if any) overseas

…………………………………………………………………………………………………………………

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Condition of health: are you on any medication- if yes, please give details

How are you planning to cover the cost of your time in India?

*[Ps: Kindly ensure that you have all the insurance coverage (transit, overseas medical and indemnity) for any requirement that may arise during your stay in India. EHA will not be liable for any eventualities or claims of any kind.]*

Hobbies and recreation:

Do you play and musical instrument:

Do you play any game/sport:

Do you read, speak or write any Indian language (s) Please specify

Can you read, write and speak in English….

*It is important to read, write and speak in English. In case you do not know the English language then we may not be able to place you at any of our hospitals. (Unless you are fluent with the Hindi language)*

Have you any skill (apart from medical) to offer?

…………………………………………………………………………………………………………………

Are there any special requirements **during** the elective programme

…………………………………………………………………………………………………………………

Expected date of graduation ……………………………………………………………………..

For Visa details visit the EHA website in the volunteering section and go through the process

[Filled out application form must be sent to Mrs. Anita Biswa - Coordinator.

anita.biswa@eha-health.org ]