



SIDDHASTHALI
RURAL COMMUNITY HOSPITAL

Clinical Electives Application Form

(Please complete in block capitals)

Full name (as in passport):	
Title (Mr/Mrs/Miss/Ms/Other):	Home address:
Known as:	
Telephone number:	Email address:
Date of Birth:	Nationality:
Name and address of your Medical School:	

Current programme of study

Programme title	Current year of study

Placement request

Requested duration (from till date):

Essay (not exceeding 500 words)

What motivates you to go for an exchange with Siddhasthali Rural Community Hospital and Mountain Heart Nepal:

Signed _____ Date _____

For office use only

Decision: Accept

Reject

Date: