**Overseas Undergraduate Electives Appointment**

**Faculty of Health care Sciences**

**Eastern University, Sri Lanka**

**Application form**

|  |
| --- |
| **Photo** |

|  |  |
| --- | --- |
| First name |  |
| Surname  |  |
| Gender |  |
| Date of Birth |  |
| Country  |  |
| Address |  |
| Contact phone |  |
| Email |  |
| Emergency contact |  |
| Passport number |  |
| Year of admission |  |
| Present study program |  |
| Academic year |  |
| Name and country of the University or Medical School |  |

|  |
| --- |
| **Intended schedule**  |
| **Medical Field** | **Duration** |
|  | **From**  | **To** |
| **Medicine** |  |  |
| **Surgery** |  |  |
| **Paediatrics** |  |  |
| **Gynecology and Obstetrics** |  |  |

**My expected learning outcome**:

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**Student Declaration**

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| --- |
| **If you agree with the following, please indicate as ‘Yes’:** |
| I hereby declare that I have no criminal convictions.  |  |
| I hereby declare that I understand it is my own responsibility to obtain the correct Visa type to visit Sri Lanka.  |  |
| I hereby declare that the information furnished by me is accurate. |  |
| **Check whether you have attached the following:** |
| 2” X 2” size photograph  |  |
| Letter from the Dean of the Faculty of your university confirming your student status and the current academic year. |  |
| **Signature and date**…………………………………………………………. | I will make my own arrangements for accommodation |  |
| Please arrange at the students hostel |  |

**Please fill the application form, scan it and send to the following email address:** **ar\_fhcs@esn.ac.lk**

**Please bring the original application with you.**