



**Overseas Undergraduate Electives Appointment  
Faculty of Health care Sciences  
Eastern University, Sri Lanka**

**Application form**

<b>Photo</b>
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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**

<b>If you agree with the following, please indicate as 'Yes':</b>		
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.		
<b>Check whether you have attached the following:</b>		
2" X 2" size photograph		
Letter from the Dean of the Faculty of your university confirming your student status and the current academic year.		
<b>Signature and date</b> .....	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](mailto:ar_fhcs@esn.ac.lk)

Please bring the original application with you.