

International Students Elective Program
 Ankur Kalra, MD, FACP, FACC
 CEO, e-Medicine & Promotions
 Kalra Hospital & SRCNC Pvt. Ltd.
 Tulsi Dass Kalra Marg
 New Delhi 110015
 India

Phone(s): +91 (0) 11 45005600 45005700
 Facsimile: +91 (0) 11 25108119
 E-mail: ceo@kalrahospital.com



Elective Application Form

1. Personal Information	
Last Name:	First Name:
Sex: (Male/Female)	Date of Birth: Month / Day / Year
Mailing Address	
Permanent/Home Address	
Street Address 1:	Street Address 1:
Street Address 2:	Street Address 2:
City:	City:
State:	State:
Country:	Country:
ZIP Code:	ZIP Code:
Phone:	Phone:
Facsimile:	Facsimile:
E-mail:	
Please state where you first heard about International Students Elective Program at Kalra Hospital?	

2. Duration & Status
Please indicate the month, and duration of the elective you are applying for:

University/College you are currently attending/have attended:
Current year of study (e.g. 1, 2, and 3 etc.)/Year of completion:
Current Average Grade/Average Grade on completion:

3. Eligibility Criteria for Elective (other required documents)

Approval Letter (or Proof of Degree):
A letter, or No Objection Certificate from the university undertaking the graduate programme, that permits to pursue elective anywhere in India, from a privately-run, and managed hospital, and/or institute. A letter is not required if the graduate programme is completed. Kindly submit a photocopy of the degree, as Proof of Degree.

Identification Proof:
A photocopy of the passport

Statement of Intent:
Please enclose an essay, in less than 500 words, stating the benefits of pursuing an elective at Kalra Hospital & SRCNC, the area in which you are interested, and your personal and professional goals. Please be specific so that we can match you with the best possible elective opportunities.

4. Student Signature

I certify that the information I have provided is true and correct and understand that CEO, e-Medicine & Promotions, Kalra Hospital & SRCNC has the right to withdraw any offer made or cancel any registration if any of these statements prove to be incorrect. I accept full responsibility for the information provided on this form.

Signature:

Date:

Checklist

Before sending your application, please use this checklist to ensure you have enclosed all necessary documentation:

- All sections of the form have been completed
- Approval Letter (or Proof of Degree) enclosed
- Identification Proof enclosed
- Statement of Intent enclosed

Application processing fees of \$125.00, payable through PayPal at [PayPal.Me/kalrahospital](https://www.paypal.com).

Your completed application form, together with all necessary documentation, and the processing fees should be sent to:

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