



**FACULTY OF MEDICAL SCIENCES  
UNIVERSITY OF DELHI**

**Application for Clerkship/Externship Abroad**

Name of the Student: \_\_\_\_\_

Age: \_\_\_\_\_

Sex:  M  F

Parent Institution \_\_\_\_\_

Month & Year of passing MBBS Examination: \_\_\_\_\_

Period of Clerkship: D/M/Y \_\_\_\_\_ to D/M/Y \_\_\_\_\_

Signature of Head of the parent institution: \_\_\_\_\_

Signature of the Dean, Faculty of Medical Sciences: \_\_\_\_\_

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Medical School/University accepting students for Clerkship:

Period of Clerkship: D/M/Y \_\_\_\_\_ to D/M/Y \_\_\_\_\_

Department where Clerkship is to be undertaken: \_\_\_\_\_

Signature of the Dean of Host Institution: \_\_\_\_\_  
(With Seal)

**Note:** *Certificate of satisfactory completion of Clerkship from host institution must be submitted to the parent institution.*

*Clerkship must include good hands-on experience, student should be allowed to do physical exams, touch the patients besides taking histories, case presentations and lab-result followups.*