



KASTURBA MEDICAL COLLEGE

MANGALORE

(A constituent unit of MAHE, Manipal)

ANNEXURE 2

APPLICATION FOR VISITING STUDENTS TO KASTURBA MEDICAL COLLEGE, MANGALORE

Name of the student: _____
Last First Middle

Date of birth: _____ Sex: Male Female
day month year

Country of Citizenship: _____

Passport Number: _____ Date of Expiry: _____
day month year

Address for communication: _____

_____ state zip code country

_____ telephone with area code fax

_____ email

Level of education (at Home University): Undergraduate Postgraduate/PhD

The applicant is in _____ year of _____ years of undergraduate or postgraduate course

Name of the representing University: _____

Name of the representing College: _____

Semester/Duration at Manipal (please mention 3 preferred dates):

1. From _____ to _____
2. From _____ to _____
3. From _____ to _____

Department in which rotation is desired (Please mention 3 preferred departments in the order of preference)

Option 1: _____

Option 2: _____

Option 3: _____



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Statement of Purpose: Expectation from the posting in particular department (in 100 words):

Completed application form along with the passport copy and photograph should be sent to intl.incoming@manipal.edu. For more information- please call +91 820 2923441/ 2923443.