



# KASTURBA MEDICAL COLLEGE

MANGALORE

(A constituent unit of MAHE, Manipal)

## VISITING STUDENTS ELECTIVES/OBSERVERSHIP PROGRAM

### DEAN VERIFICATION FORM

Please read the attached description of our program and the student's request.

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

The above student has applied for elective rotations at Kasturba Medical College, Mangalore under Manipal Academy of Higher Education, India during the dates of:

\_\_\_\_\_ to \_\_\_\_\_  
day/month/year                      day/month/year

**Requested information should be filled in and /or appropriate responses checked below.**

	YES	NO
Is this student in good academic standing?	<input type="checkbox"/>	<input type="checkbox"/>
Will student be covered by personal health insurance while in India?	<input type="checkbox"/>	<input type="checkbox"/>
Will student be covered by malpractice or indemnity insurance?	<input type="checkbox"/>	<input type="checkbox"/>
Is student fluent in English?	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel student is qualified for electives he/she has selected?	<input type="checkbox"/>	<input type="checkbox"/>

**Dean, please complete.**



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Authorized by **(Print name)**: \_\_\_\_\_

Position at School:     Dean             Other (Specify)

School \_\_\_\_\_

Address \_\_\_\_\_

Country \_\_\_\_\_

Telephone \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please attach your letter of recommendation.**