## Verification from Institution

(*on Institution’s letter head*)

## To be completed by DEAN or REGISTRAR of student’s home Institution only (not relative)

Email Adress: [elective.national@aku.edu](mailto:elective.national@aku.edu)

**Name of Student**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has the student completed following basic clinical rotations *(please check [* ✓ *] the completed rotations)?*

\_\_\_ Medicine \_\_\_ Paediatrics \_\_\_ Dermatology \_\_\_ Anaesthesia \_\_\_ Ophthalmology

\_\_\_ Surgery \_\_\_ Psychiatry \_\_\_ Otolaryngology \_\_\_ Orthopaedics \_\_\_ Obstetrics & Gynaecology

General Assessment of Academic and Clinical ability:

Below Average  Average  Above Average  Outstanding

Student proficiency in English: **Written**:  Fair /  Good **Spoken**:  Fair /  Good

**Yes No**

*The student is approved to take this elective.*

*The student is in good standing at this institution and upholds morality, ethics and integrity.*

*The student will be covered by health and malpractice insurance through the home institution.*

*Has the student been involved in disciplinary issues?*

*The student is aware that the parent institution or student will be responsible for providing care and payment in the event of illness or a health-related emergency or problem.*

*The student is aware that violating the code of conduct leads to immediate termination of elective.*

*This is to confirm that* *during the elective period, student will be in \_\_\_\_\_ year of MBBS programme.*

*His / Her expected date of final year examination is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (month and year).*

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*Name:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institution Seal

*Title:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

###### Dean/Registrar E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

###### Dean/Registrar Phone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Address:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***