

Verification from Institution

To be Nominated & completed by The DEAN or REGISTRAR of student's Institution

***To be Printed on Institute's Letter Head.**

*All fields must be filled.

*Completed form must be received from the DEAN / REGISTRAR of the institute on elective.national@aku.edu

* Note for Dean / Registrar: You must recommend a student who upholds morality, ethics, and integrity.

*More than one nomination can be sent from the institute.

*Nomination submission does not ensure elective confirmation.

***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

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <i>The student is approved to take this elective.</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <i>The student is in good standing at this institution.</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <i>The student will be covered by health and malpractice insurance through this institution.</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <i>Has student been involved in disciplinary issues?</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <i>Student understands that in case of illness or health related emergency or issue, the liability of care and payment will be on the parent institution / student.</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <i>Student understands that acting against code of conduct leads to immediate termination of elective</i> |

During the period of elective, the mentioned student will be in his/her _____ year of MBBS / Physiotherapy programme.

His / Her expected date of final year examination is _____ (month and year).

Dean / Registrar Name: _____

Title: _____

Dean / Registrar E-mail: _____

Dean / Registrar Phone number _____

Address: _____

Signature: _____ **Date:** _____

**Institution
Seal/Stamp**