

IIMC Institute for Indian Mother and Child

Application Form



Surname:
First Name:
Date of birth:
Place of birth:
Gender:
Address:
Zip code:
City:
Country:
University:
Email:
Phone number:

Educational level:
Professional qualification:
First choice period:
Second choice period:
Third choice period:
Area of interest:

1. Why are you applying? Explain your motivation.

2. What do you expect to experience?

3. Describe briefly your curriculum and skills. Specify if you are a clinical or preclinical student and the expected date of graduation (first and second year medical students are highly appreciated).

4. If any, describe earlier projects you have been/are involved in:

5. Important notes (specify if you are applying with someone or alone):