



AMSA INTERNATIONAL

Asian Medical Students' Association

AMSEP - ELECTIVE

ASIAN MEDICAL STUDENTS' EXCHANGE PROGRAMME (AMSEP) – ELECTIVE APPLICATION FORM

Section I

General Information			
Name	Full Name as in Passport		
	Nickname		
Passport Number		Nationality	
Phone number (include area code)		AMSA Chapter	
Date of Birth (DD.MM.YYYY)		Name of Medical School (Preclinical / Clinical)	
E-mail address			
Postal Address		Home Address	
Indicate briefly your clinical experience to date, if any:	Disciplines:		
	Duration (minimum of 1 week):		

Please describe your contribution to AMSA International / your AMSA chapter (Previous conferences you have attended, competitions you have participated in, etc):

Name of Event	Time and Place	Position / Contribution



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Section II (Refer to Appendix A)

Particulars of Elective Posting Requested			
AMSA Chapter			
Name of AMSEP University(s) of the AMSA Chapter Applied	First Choice		
	Second Choice		
	Third Choice		
Preferred Type of Elective Posting	Clinical / Research (Please circle relevant)	NOTE : The university / hospital's authority has the right to finalise the postings according to its availability without reference to your application.	
Preferred Discipline with regards to the Preferred Elective Posting Type			
Duration of Elective Posting (minimum of 10; maximum of 20 working days)		Preferred Dates of Elective Posting	
List all vaccinations received since birth with timeline stated			

Section III

Herewith I enclose:

- a. Certified photocopy of my student ID;
- b. Supporting document from the Dean;
- c. Supporting document from the academic office / external affairs of my faculty; and
- c. Recommendation letter from my chapter's Regional Chairperson / Vice Chairperson External / National DoAMSEP.



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Section IV

I acknowledge that all information collected is solely for the purpose of Asian Medical Students' Exchange Programme (AMSEP) - Elective, a subsidiary by Asian Medical Students' Association (AMSA) International.

I do hereby solemnly declare that:

- a. all the information and related documents given in this application are correct and true;
- b. I am capable to bear the financial provisions expected throughout the elective posting;
- c. I understand and agree to abide by and be governed by the rules of the university / hospital that I am posted to, with regards to the constitution of the chapter's Ministry of Education / Ministry of Health; and
- d. I hereby agree to give an undertaking not to hold the university / hospital, or the relevant chapter's Ministry of Education / Ministry of Health responsible for any injury or mishaps sustained during the tenure of my posting.

SIGNATURE OF APPLICANT: _____

[Place], [Date] [Month] [Year]



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Appendix A

AMSA Chapter	AMSEP University	Attached University Hospital
Egypt	Suez Canal University	Suez Canal University Hospital
		Ismalia General Hospital (IGH)
India	Christian Medical College (CMC)	Christian Medical College and Hospital, Ludhiana
	Jawaharlal Nehru Medical College (JNMC)	Acharya Vinoba Bhave Rural Hospital (AVBRH)
Indonesia	Universitas Brawijaya (UB)	RSUD Saiful Anwar Malang
	Universitas Kristen Indonesia (UKI)	RS UKI
Malaysia	The National University of Malaysia (UKM)	Hospital Canselor Tuanku Muhriz (HCTM)
Philippines	University of Santo Tomas (UST)	University of Santo Tomas Hospital

The fee of each AMSEP-Elective depends on the university / hospital's local AMSEP team and will be announced after the delegation process, but it is assured within the range and boundaries mentioned in the AMSEP-Elective Guideline, 2020 Edition.