

NIZAM'S INSTITUTE OF MEDICAL!

(A UNIVERSITY ESTABLISHED UNDA



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─ Fax: 040-23310076

Panjagutta, Hyderabad - 500082, Telangana

@ www.nims.edu.in

Nizam's Institute of Medical Sciences

(University established under the State Act) Panjgutta, Hyderabad – 500082 Telangana State, India

OBSERVERSHIP GUIDELINES FOR FOREIGN MEDICAL GRADUATES

Nizam's Institute of Medical Sciences, Hyderabad (India) accepts applications for Observership (elective training) from Foreign Medical Graduates for a maximum period of 8 weeks subject to permission from Indian authorities which includes-

1. Medical Council of India (MCI), New Delhi

2. Ministry of Health & Family Welfare (MH & FW), Govt of India, New Delhi*

3. Ministry of External Affairs (MEA), Student Cell, New Delhi*

*where applicable

Please note that -

 Request for Observership for student pursuing the course shall be made by the respective Dean/ Principal/ Academic Head of the concerned institution where the student is pursuing their studies.

Separate application shall be submitted in case of more than one student from the

institution for the purpose of respective Government related formalities.

Only students with valid Student VISA will be allowed to enrol in the program. You need to register with the Foreigners Regional Registration Office (FRRO), Hyderabad (India) within 14 days of arrival. For further details please visit https://www.mea.gov.in/checklist-for-FRRO-FRO-Registration-Formalities.htm

4. The Student VISA needs to state "Nizam's Institute of Medical Sciences, Hyderabad". If you are going to train in more than one medical institute/college in India, please

ensure that all are listed in the students VISA.

Overseas Citizens of India (OCI) and Persons of Indian Origin (PIO) are exempt from obtaining Student VISA. OCI are exempt from registration with the Foreigners Regional Registration Office (FRRO) for any length of stay in the country. PIO are exempt from registration with the Foreigners Regional Registration Office (FRRO) if the length of stay in the country is less than 180 days. If you hold an OCI or PIO card, do state this clearly in your application form.

5. You are advised to follow the prevailing guidelines of MEA (Government of India) on

policies concerning VISA, OCI and PIO exemptions.

For processing the request-

 Application must be submitted with details of the candidate, including passport size photograph, in the enclosed format [as under 9(iv)].

- Following annexure (i to iii) must accompany the application -

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Two original copies of request letter from the Dean/ Principal/ Academic Head of the Medical School where the student is undergoing medical studies (Photostat copies will not be accepted).

ii. Bank draft/ Pay Order/ Banker's Cheque for INR 5000/- (Five thousand only)in favour of the "Secretary, Medical Council of India" payable at New Delhi towards

seeking permission of MCI to undergo Observership (elective training).

 Bank Draft/ Pay Order/ Banker's Cheque for INR 1000/- (One thousand only), in favour of "Director, Nizam's Institute of Medical Sciences", payable at Hyderabad

towards application processing fee.

iv. Bank Draft /Pay order/Banker's Cheque for INR equivalent to USD 350 (@ current exchange value) in favour of "Director, Nizam's Institute of Medical Sciences" payable at Hyderabad towards Observership (elective training) fee. This must be paid after your arrival at the Institute and before the actual commencement of the programme / course. Please note that it is over and above the fee paid to MCI and the application processing fee for the purpose.

Please note the fees mentioned under 7 ii, iii, and iv is non-refundable and no

exemption is available for OCI or PIO for the fees.

vi. You are required to submit photocopy of passport (including the page with VISA for the current travel) after your arrivaland before the actual commencement of the programme.

Students are suggested to indicate the order of preference from among the specialities mentioned below as also the period for which they would like to rotate in

each of the specialty during the total period of 8 weeks -

- Anaesthesiology
- Biochemistry
- Cardiology
- Cardio-Thoracic Surgery
- Clinical Pharmacology & Therapeutics
- Emergency Medicine
- Endocrinology & Metabolism
- General Medicine
- Medical Gastroenterology
- Medical Genetics
- Medical Oncology
- Microbiology
- Nephrology
- Neurology
- Neurosurgery
- Nuclear Medicine
- Orthopaedics
- Pathology
- Plastic & Reconstructive Surgery
- Pulmonary Medicine
- Radiodiagnosis (including Interventional Radiology)

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- Radiation Oncology
- Clinical Immunology & Rheumatology
- Surgical Gastroenterology
- Surgical Oncology
- Transfusion Medicine
- Urology
- Vascular & Endovascular Surgery

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9. The Candidate is required to note that case material observed during the period of observership (elective training) is the property of Nizam's Institute of Medical Sciences, Hyderabad. Any presentation or publication of the material in full or in part thereof, requires permission of the Dean of the Institution.

10. Facilities for boarding and lodging cannot be provided on the campus due to limited

availability.

 Student is required to take care of the insurance cover for travel, health and accident related insurance. The institute shall have no liability in this regard.

12. The Guardian shall be responsible for any conduct related issues of their ward during the period of Observership (elective training). The institute shall have no liability on this account.

Duly filled application should be mailed to the **DEAN**, **Nizam's Institute of Medical Sciences**, **Hyderabad** – **500 082**, **Telangana State (India)**. For any further details please contact @ email id <u>dean.nims@nic.in</u> and contact phone no. is +91-040-23489352

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FORMAT FOR APPLICATION

(To be printed in the Letter Head of the Institution)

		Date:
To,		
The Dean		<u> </u>
Nizam's Institute of Medical Scie (University established under the		
Panjagutta, Hyderabad – 500 08 Telangana State, India		
7		
Sub: Application for Observersh	ip (Elective Training).	
n ""		*
Dear Sir,	20	
This to state that Dr		, is a bonafide student of (medical school)
at (City))	(State/Province/Country).
He/she is pursuing	(course) and is in t	heyear of study.
This is to request you to grant p at the Nizam's Institute of Med are enclosed as per the format.	ical Sciences, Hyderabad, Ir	oservership (elective training) ndia. Details of the Candidate
3*3		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

(Signature of Academic Head of the Institution with Seal)

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Details of the Candidate

(To be filled by the Candidate in Block Letters)

Affix Passport Size Photograph

-	Name			
-	Name of father / guardian			
μ)	Nationality			
+:	Passport No			
2	State whether you are an OCI or PIO			
- 63	Address for Correspondence			
::=:	Contact telephone # of guardian			,
7	Address for residing in India			
-	Address of Medical College/School where the candidate is pursuing study		4	
2	Preferred period(dates) of Observership (elective training)		De a	
	Specialty of interest for Observership (elective training)	Duration	-
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(Signature of the Candidate)

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