



Phramongkutklo College of Medicine and Hospital

Application Form for Elective Programme

First Name _____ Middle Name _____

Family Name _____ Male Female

Status Extern Intern Resident Fellow Staff

Marital Status: Married Single Religion _____

Date of Birth _____/_____/_____ Country of Citizenship _____

Correspondence Address _____

Country _____ Zip Code _____

Telephone _____ Facsimile _____ E-mail _____

Name and Address of Person to be Notified in Case of Emergency

National Language _____ Other Language _____

Full Title and Address of Applicant's Medical School/ Faculty

Year of Study _____ (at time of elective)

Total Length of Medical Course in Applicant's Medical School/Faculty _____ Years

Qualifications/Diplomas or University Degrees Held by Applicant

Proposed date of commencement of elective: _____

Proposed date of elective completion: _____

Discipline (s) or Department(s) to be undertake of elective	Duration of each Discipline (No. of weeks)
	Minimum period of 2 weeks Maximum period of 8 weeks

Proposed date of Arrival in Thailand: _____

Proposed length of stay in Thailand: _____

Funding _____

Hobbies _____

Allergic History _____

We would be most grateful if you could let us know how you obtain information about the Phramongkutklao College of Medicine and Hospital.

- World Wide Web (<http://oir.pmk.ac.th/>)
- Phramongkutklao College of Medicine representatives
- Family / Friends
- Others (please specify) _____

Signature: _____

Date: _____

- PS : Please enclose**
- 1. Curriculum Vitae**
 - 2. Letter (s) from your supervisor/advisor or School of Medicine/Faculty**
 - 3. Two color photos (passport size)**

Please return form to:

Office of International Relations

Phramongkutklao Hospital

315 Ratchaawithi Road, Ratchathewi District

Bangkok 10400, Thailand Facsimile: (662) 354-7651

Tel. (662) 354-7651 E-mail: jariyakorn_pmk@hotmail.com