



**Annexure 2**

**APPLICATION FOR VISITING STUDENTS TO KASTURBA MEDICAL COLLEGE, MANIPAL**

Name of the student: \_\_\_\_\_  
Last First Middle

Date of birth: \_\_\_\_\_ Sex:  Male  Female  
day month year

Country of Citizenship: \_\_\_\_\_

Passport Number: \_\_\_\_\_ Date of Expiry: \_\_\_\_\_  
day month year

Address for communication: \_\_\_\_\_

\_\_\_\_\_ state zip code country

\_\_\_\_\_ telephone with area code fax

\_\_\_\_\_ e-mail

Level of education (at Home University):  Undergraduate  Postgraduate/PhD

The applicant is in \_\_\_\_\_ year of \_\_\_\_\_ years of undergraduate or postgraduate course

Name of the representing University: \_\_\_\_\_

Name of the representing College: \_\_\_\_\_

Semester/Duration at Manipal (please mention 3 preferred dates):

1. From \_\_\_\_\_ to \_\_\_\_\_

2. From \_\_\_\_\_ to \_\_\_\_\_

3. From \_\_\_\_\_ to \_\_\_\_\_

Department in which rotation is desired (Please mention 3 preferred departments in the order of preference)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_



# KASTURBA MEDICAL COLLEGE MANIPAL

*A constituent unit of MAHE, Manipal*

Expectation from the posting in the particular department (in 100 words):

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Completed application form along with the passport copy and photograph should be sent to [intl.incoming@manipal.edu](mailto:intl.incoming@manipal.edu). For more information- please call +91 820 2923441/ 2923443.