



**POSTGRADUATE INSTITUTE OF MEDICAL EDUCATION & RESEARCH,  
CHANDIGARH**

**(TRAINING BRANCH)**

No.....

Dated: .....

Thanks for your letter dated \_\_\_\_\_ regarding elective training at this Institute.

I shall be grateful if you kindly supply the following information to me as required by the Government of India, Ministry of Health and Family Welfare for considering the matter for the clearance of your visit to this Institute for the elective training.

1.	Name (in full block capital)	
	(ii) Address in the native country	
2.	Nationality	
3.	Father's Name	
4.	Date and Place of Birth	
5.	(i) Passport No. (ii) Date of Issue & valid upto (iii) Place of issue (Please attach three photocopies of passport)	
6.	Address for the communication	
7.	Likely address in India during stay (No accommodation in PGI)	
8.	Name and Address of the Medical College/University where studying	
9.	Year of admission to the Medical College/University where studying	
10.	Year in which studying	
11.	Examination passed so far	
12.	Type of training desired	
13.	Approximate period of elective training in India	
14.	A reference letter from appropriate authorities sponsoring the training (please attach three copies of the letter)	
15.	Application must accompany a demand draft for Rs. 5000/- (Rupees five thousand only) drawn in favour of Secretary, Medical Council of India payable at New Delhi as elective training fee.	
16.	Any other relevant information on the subject	

On receipt of particulars mentioned above, the matter will be referred to the Government of India for their approval. The clearance takes at least 3-4 months. I, therefore, request you to kindly arrange your programme to visit to this Institute when you get an acceptance letter from this Institute. The requisite information may please be supplied as early as possible.

With kind regards,

Registrar PGI,  
Chandigarh