



# Mahidol University

## Faculty of Medicine Siriraj Hospital

DIVISION OF INTERNATIONAL RELATIONS  
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 e-mail: siirco@mahidol.ac.th, irsiriraj@gmail.com  
 website: http://www.si.mahidol.ac.th/eng

PHOTO  
 Size 1x1.5"

### APPLICATION FOR AN ELECTIVE

FIRST NAME:  MIDDLE NAME:  LAST NAME:

NATIONALITY:  SEX: ☐ Male ☐ Female DATE OF BIRTH:  AGE:

PASSPORT NUMBER:  EXPIRY DATE:  BLOOD TYPE:

MAILING ADDRESS:

TEL:  FAX:  EMAIL:

IM APPS ☐ WhatsApp ID: ..... ☐ Line ID: .....

☐ WeChat ID: ..... ☐ FB Messenger ID: .....

MEDICAL SCHOOL:  COUNTRY:

ADDRESS:

CURRENT STUDY YEAR: ☐ Medical Student ☐ 1<sup>st</sup> ☐ 2<sup>nd</sup> ☐ 3<sup>rd</sup> ☐ 4<sup>th</sup> ☐ 5<sup>th</sup> ☐ 6<sup>th</sup> ☐ 7<sup>th</sup> ☐ 8<sup>th</sup>

☐ Residency ☐ 1<sup>st</sup> ☐ 2<sup>nd</sup> ☐ 3<sup>rd</sup> ☐ 4<sup>th</sup> ☐ 5<sup>th</sup>

☐ Fellow ☐ 1<sup>st</sup> ☐ 2<sup>nd</sup> ☐ 3<sup>rd</sup>

☐ Graduate Student ☐ Master's Degree ☐ Ph.D. Degree

☐ Others .....

PRIOR CLINICAL EXPOSURE: ☐ yes ☐ no DURATION OF CLINICAL EXPOSURE:  years  months

PRIOR RESEARCH EXPOSURE: ☐ yes ☐ no DURATION OF RESEARCH EXPOSURE:  years  months

LANGUAGE SPOKEN:  LENGTH OF INTENDED ELECTIVE:  week(s)



**Mahidol University**  
**Faculty of Medicine Siriraj Hospital**

INTENDED DATE OF ARRIVAL:  INTENDED DATE OF DEPARTURE:

YOUR PREFERENCE OF DEPARTMENT/AREA OF INTEREST: please find more information via the next page.

- |                         |                         |
|-------------------------|-------------------------|
| 1. <input type="text"/> | 3. <input type="text"/> |
| 2. <input type="text"/> | 4. <input type="text"/> |

CONTACT PERSON IN CASE OF EMERGENCY:

NAME:  RELATIONSHIP:

TELEPHONE/MOBILE:  EMAIL ADDRESS:

BRIEFLY INFORMATION FOR THIS ELECTIVE: Please let us know your expectations on this elective, the reason why you are interested to undertake an elective at our institute, how do you know about our institute etc.