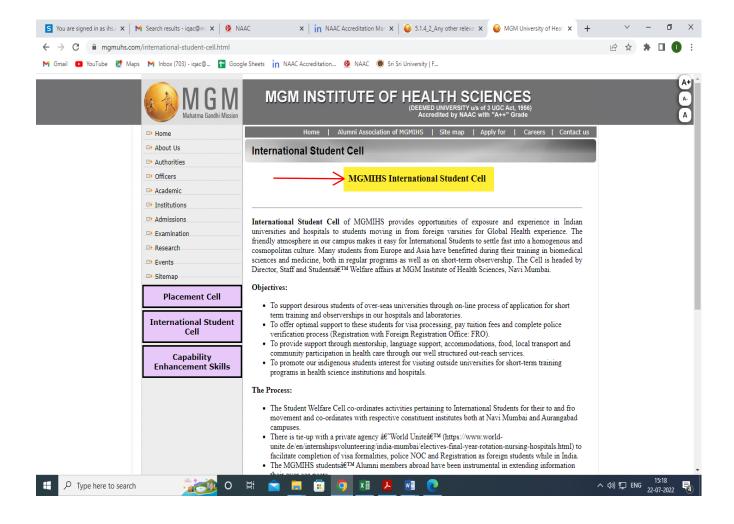
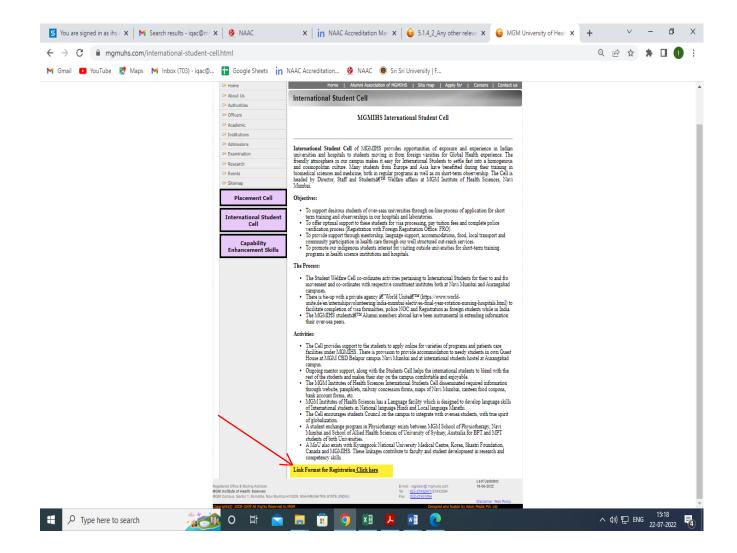
5.1.4 - The Institution has an active international student cell

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MGM INSTITUTE OF HEALTH SCIENCES

(Deemed University u/s 3 of UGC Act, 1956)

Grade 'A' Accredited by NAAC

Sector -1, Kamothe, Navi Mumbai – 410 209.

Tel: 022-27432471 / 27432994, Fax: 022-27431092

Email: registrar@mgmuhs.com Website: <u>www.mgmuhs.com</u>

Application Form for Non – MGM Institute Students to Pursue Observer-ship / Short Term Training at MGM Institute

Important Instruction: Completed application form with all enclosures must be submitted as a hard copy at least one month in advance from the expected date of joining to Registrar Office.

Name of Observer / Visiting Student in full (Mr./Mrs./Ms./Dr.)												
		Surname				First Name					Middle Name	
Date of Birth	:	D	D	1	M	M	Y	Y		Y	Y	
Age in completed years & months	:		•									Passport size Photograph to be affixed and sign in the space below
Communication Address complete with landmark and pin code	:											
(Attach address proof)												
Permanent Address complete with landmark and pin code (Attach address proof)	:											
Name of School / College / Institution /Organization currently studying / working with address and telephone no.	:											
Mobile No.	:											
Landline Telephone No. with STD Code	:											
Email Address (write legibly)	:											
Nature of Observer-ship (Write in short or attach a separate sheet to this Form if space allotted is insufficient.	:											

Time Frame		Start	End	Hours	Certain Days
(Maximum 3 months)		Date	Date	per day	of week
Reason for Observer - ship (in brief. If space is insufficient, attach separate sheet)					
Degree earned / pursuing	:				
Specialties of interest	:				
Whether Citizen of India	:	Yes () N	o. () Plea	se tick	
If not a citizen of India, the f	ollo	owing details ma	ay please be fu	rnished (applica	ble for foreign
students / Persons of Indiar				· · ·	C C
Do you hold a current visa			•		
and passport, if yes, the					
details of passport no. and	:				
validity may be mentioned.					
(Attach Passport Copy)					
Sponsoring Institution de	tail	S			
Name of the Sponsoring	:				
Institution	<u> </u>				
Address of Sponsoring Institution	:				
Telephone No.	:				
Email ID:	:				
Contact Person Details of					
the sponsoring Institution	:				
with name and Mobile No.					
Name of the Constituent					
Unit of MGM Institute of					
Health Sciences, where					
the Observer/Visiting					
Student intends to pursue					
Observer-ship / Short					
Term Training					
(For details – Please refer					
Page No. '3'					

Signature of the Observer:

Date:

Name & Signature of Supervisor / Mentor:

Date:

Name & Signature of HOD (with Stamp)

Name & Signature of Institute Head	
(With Stamp)	

Date:	
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Date.	

Date:_____

Approved by:

Date:

Registrar MGM Institute of Health Sciences Navi Mumbai

Seal:

Enclosures:

- 1. Identity and Address Proof
- 2. Observers' Confidentiality and Non-Disclosure Statement & Waiver of Liability
- 3. NOC from Relieving Institute
- 4. Constituent Unit of MGM Institute where the students desires to undergo Observer-ship.
- 5. Police Verification, Passport and Valid Visa Details (for foreign students only)
- 6. Curriculum Vitae' / Bio-Data / Resume
- E-Receipt of payment of Rs. 1000/- through SBI Collect Online Payment Portal. (Go to ww.mgmuhs.com, under 'Pay Online' tab).

Constituent Units of MGM Institute of Health Sciences						
Navi Mumbai	Aurangabad					
1. MGM Medical College and Hospital	1. MGM Medical College and Hospital					
2. MGM School of Physiotherapy	2. MGM School of Physiotherapy					
3. MGM School of Biomedical Sciences	3. MGM School of Biomedical Sciences					
4. MGM New Bombay College of Nursing						
5. MGM University Department of						
Prosthetics & Orthotics						



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Observers' Confidentiality and Non-Disclosure Statement & Waiver of Liability

I, _____, wish to observe the activities of the in furtherance of my personal, educational

goals.

I understand that I will be under the supervision of

I understand that if I breach this agreement, it will result in immediate termination of my observer-ship.

I understand that even though I will only be observing activities in

____, I may be

exposed to certain risk of bodily injury and other dangers, including but not limited to, exposure to blood borne pathogens, biological waste and dangerous chemicals. I am aware of these risks and voluntarily assume these risks.

For and in consideration of MGM Institute of Health Sciences allowing me to observe the activities of the ________ to further my educational goals, I hereby release and forever discharge MGM Institute of Health Sciences and its officers and employees from all claims, demands, rights and causes of action of whatever kind or nature arising from any by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries, death, or damage to property arising out of my observation activities, including but not limited to, these specific risks enumerated above.

I have read this document carefully and voluntarily choose to participate in the activities described herein. I hereby certify that I am at least 18 years of age, I am legally competent, and I am signing this document with full knowledge of its significance.

Contd..2

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I am also aware of the Hospital's and University Department's Regulations and Policies as follows:-

- I understand that all patient information, including medical records, other medical information, billing and financial data is confidential.
- I agree to keep all patient information confidential.
- I agree to comply with all Hospital Privacy Policies and Procedures.
- I understand that if I violate patient confidentiality by using or disclosing patient information improperly, I may be subject to disciplinary action including having my observer-ship immediately terminated.
- I understand that if I have any questions or concerns about the Privacy Rules and/or the proper use or disclosure of patient information, I shall ask my Supervisor / Sponsor, the Hospital Privacy Offer, or the Hospital Compliance Offer or the Medical Superintendent.
- I understand and agree that the Hospital Privacy Policies and Procedures will apply to all patient information even after my observer-ship has been completed.
- I have read the Rules and Guidelines for Observer-ship.

Name:	Date:
Signature:	
Name of Witness in Full:	
Address of Witness:	
Signature of Witness:	
Date:	



MGM INSTITUTE OF HEALTH SCIENCES

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Email: registrar@mgmuhs.com Website: www.mgmuhs.com

Rules & Guidelines for Observerships/Visiting Student

- 1. MGM Institute of Health Sciences or its Constituent Units / Departments may, at its sole discretion, terminates the observer-ship without recourse to due process or appeal process by the observer.
- 2 No stipend, support, compensation, insurance coverage, benefits, or accommodation / housing or boarding charges will be provided by MGM Institute of Health Sciences or its Constituent Units / Departments.
- 3. Suitable observation charges/fee and cost towards Laboratory use / other expenses may be charged.
- 4. The observer will not receive any academic credit for the experience. The observer-ship does not constitute medical education, graduate medical education, continuing medical education or training leading to licensure or board certification
- 5. If required by the training program, the observer/visiting student must complete an evaluation/ feedback after completion of the observer-ship.

- 6. Upon satisfactory completion of the observer-ship, MGM Institute of Health Sciences will provide the observer a certificate of completion.
- 7. In case of foreign students, valid passport / visa / police clearance to be submitted at the time of joining.
- 8. The students need to maintain the logbook which can be submitted to the physician / Head of the Department / Institutional Head based on which Observer-ship Certificate can be issued by the University.
- 9. Identity Card / Dress Code / Working Hours / duration with 80% attendance must be adhered to strictly.
- 10. The above rules and guidelines will be applicable to the Observer. In case of any complaint disciplinary action including expulsion and stoppage of work will be applicable.
- 11. The initial sanction for observer-ship will be a maximum period of 3 months only. Based on requirement and necessity, extension may be granted for which necessary permission will have to be obtained in advanced.

- The primary objective of enabling the Observer to pursue his/her Observer-ship in MGM Institute of Health Sciences is to give a fillip / thrust to research activities pursued at the Institution / University on an ongoing basis.
- The Observer-ship acceptance is subject to the broad Memorandum of Understanding that would be agreed / entered into between MGM Institute of Health Sciences and the sponsoring institute before commencement of the Observer-ship Training.
- It is made clear that the Teachers/Professors at MGM Institute of Health Sciences can act only as Observers / Supervisor/ Mentor and cannot act as Guides as per UGC guidelines.
- Based on the successful completion of Observer-ship training by the student, if any research papers are presented later on by the Observer in National / International Conferences / Journals based on the findings during the Observer-ship, the patent / due credit should be given to MGM Institute of Health Sciences.