



Application Fee: Rs.1,000/-

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: www.mgmuhs.com

Application Form for Non – MGM Institute Students to Pursue Observership / 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	M	M	Y	Y	Passport size Photograph to be affixed and sign in the space below
Age in completed yrs & months	:							
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 Observership (Write in short or attach a separate sheet to this Form if space allotted is insufficient.	:							

Time Frame (Maximum 3 months)	:	Start Date	End Date	Hours per day	Certain Days of week
Reason for Observership (in brief. If space is insufficient, attach separate sheet)	:				
Degree earned / pursuing	:				
Specialties of interest	:				
Whether Citizen of India	:	Yes () No. () <i>Please tick</i>			
If not a citizen of India, the following details may please be furnished (applicable for foreign students / Persons of Indian Origin settled abroad)					
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 details					
Name of the Sponsoring Institution	:				
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 Observership / Short Term Training (For details – Please refer Page No. '3')	:				

Signature of the Observer:

Date: _____

Signature of Supervisor / Mentor:

Date: _____

Signature of HOD

Date: _____

Signature of Institute Head

Date: _____

Approved by :

Date : _____

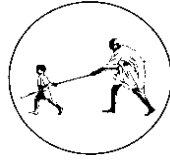
Registrar
MGM Institute of Health Sciences
Navi Mumbai

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 Observership.
5. Police Verification, Passport and Valid Visa Details *(for foreign students only)*
6. Curriculum Vitae' / Bio-Data / Resume
7. Demand Draft for Rs. 1,000/- towards Application Fee favouring:
MGM Institute of Health Sciences and made payable at **Mumbai**.

Constituent Units of MGM Institute of Health Sciences	
Navi Mumbai	Aurangabad
1. MGM Medical College and Hospital	5. MGM Medical College and Hospital
2. MGM Institutes' University Department of Physiotherapy	6. MGM Institutes' University Department of Physiotherapy
3. MGM Institutes' University Department of Biomedical Sciences	7. MGM Institutes' University Department of Biomedical Sciences
4. MGM Institutes' University Department of Nursing	8. MGM Institutes' University Department of Nursing



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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 observership.

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

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 observership 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 Officer, or the Hospital Compliance Officer or the Medical Superintendent.
- I understand and agree that the Hospital Privacy Policies and Procedures will apply to all patient information even after my observership has been completed.
- I have read the Rules and Guidelines for Observership.

OBSERVER

Name: _____ Date: _____

Signature: _____

Name of Witness in Full: _____

Address of Witness: _____

Signature of Witness: _____

Date: _____



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Rules & Guidelines for Observerships/Visiting Student

1. **MGM Institute of Health Sciences or its Constituent Units / Departments may**, at its sole discretion, terminates the observership 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 observership 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 observership.
6. Upon satisfactory completion of the observership, 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 Observership 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 observership 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.

P.T.O.

- The primary objective of enabling the Observer to pursue his/her Observership 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 Observership 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 Observership 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 Observership 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 Observership, the patent / due credit should be given to MGM Institute of Health Sciences.