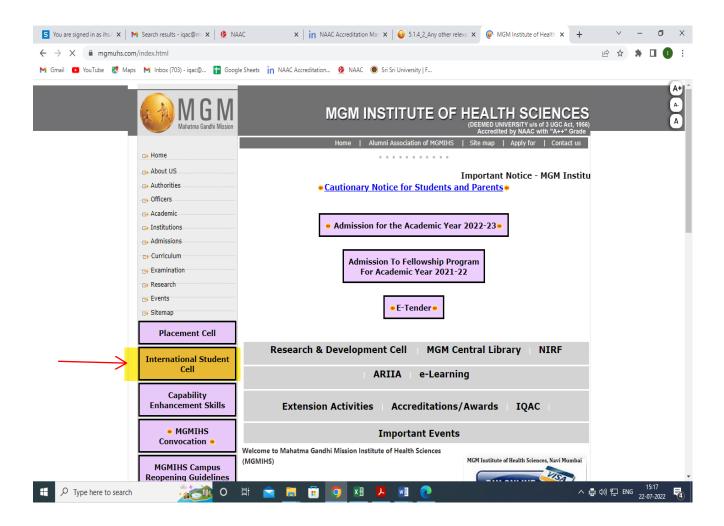
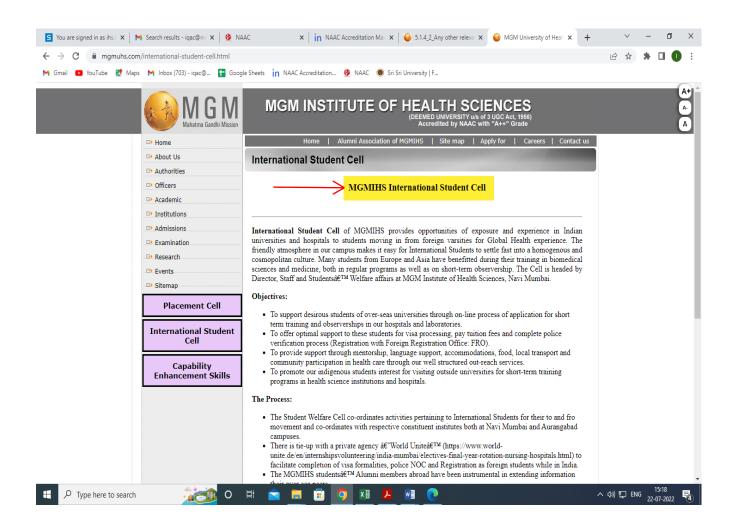
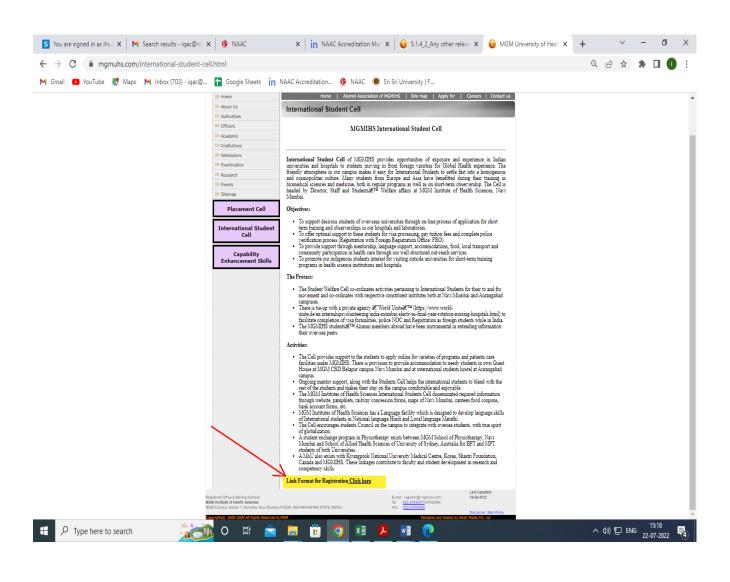
5.1.4 - The Institution has an active international student cell









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 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			1	First Name				Middle Name
		D	D	М	M	ΙΥ	Υ	Υ	Υ	
Date of Birth	:	ט	D	IVI	IVI	I	1	I	I	
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	:	<u> </u>	l.			1 1		,	"	-
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 Date	End Date	Hours per day	Certain Days of week
(Maximum 3 months)		Date	Date	per day	OI WEEK
Reason for Observer - ship (in brief. If space is insufficient, attach separate sheet)	:				I
Degree earned / pursuing	• •				
Specialties of interest	:				
Whether Citizen of India	• •	Yes () N	o. () Pleas	se tick	
If not a citizen of India, the forstudents / Persons of Indian				nished (applical	ole for foreign
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 det	ail	S			
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 Observer-ship / Short Term Training (For details – Please refer Page No. '3'	·				
Signature of the Observer:			D	ate:	
Name & Signature of Superv	iso	r / Mentor:	D	ate:	

Name & Signature of HOD (with Stamp)	Date:
Name & Signature of Institute Head (With Stamp)	Date:
Approved by:	
Registrar MGM Institute of Health Sciences Navi Mumbai	Date:
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
- 7. 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					
MGM Medical College and Hospital	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.	_ in furtherance of my personal, educational
I understand that I will be under the super	vision of
I understand that if I breach this agreeme observer-ship.	nt, it will result in immediate termination of my
I understand that even though I will only be	e observing activities in
	, I may be
	nd other dangers, including but not limited to, ogical waste and dangerous chemicals. I am ne these risks.
	e of Health Sciences allowing me to observe to further my
educational goals, I hereby release and Sciences and its officers and employees f action of whatever kind or nature arising unknown, foreseen and unforeseen bodil	If forever discharge MGM Institute of Health from all claims, demands, rights and causes of from any by reason of any and all known and by and personal injuries, death, or damage to activities, including but not limited to, these
-	oluntarily choose to participate in the activities am at least 18 years of age, I am legally at with full knowledge of its significance.

Contd..2

Page No. 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 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.

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

- 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 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.

P.T.O.

- 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.

Office order for establishment of International student cell (2017)



MGM INSTITUTE OF HEALTH SCIENCES

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E-mail: registrar@mgmuhs.com; Website: www.mgmuhs.com

No. MGM/01/AC-/2017/

January 9, 2017

OFFICE ORDER

Subject: International students' cell at MGMIHS, Navi Mumbai

It has been decided that an international student cell will be established at MGMIHS Navi Mumbai to facilitate observership/ internship academic program for foreign nationals from overseas. This cell will formulate a standard operating procedure to make the process smooth in accordance with statutory regulations and international procedures for international students.

Composition:

The International students' cell of MGMIHS shall comprise of advisors from the management and faculty

- 1. Director, MGMIHS students' Affairs Ex-officio Chairperson.
- 2. Registrar, MGMIHS Ex-officio Member Secretary
- 3. Faculty advisor: Dr. Gildiyal at university MGMIHS
- 4. Members: One senior faculty to be nominated by each heads of institutes
- 5. Office assistant: Mr Sachin

Procedure:

- 1. The departments and facilities available for observership in various clinical/ paraclinical/ paramedical branches at the constituent colleges will be displayed in the university website providing links to respective institutions. Such visibility will encourage overseas institutions and individual students/ researches to nominate their candidate duly mentioning the period of attachment and exact nature of observership. They will follow the letdown procedure as applicable to their respective institutions /organizations.
- 2. The applications in proper format, downloadable from MGMIHS website are required to be forwarded through their own institutions along with requisite fees payable online as specified.
- On receiving the applications the MGMIHS international students' cell will confirm the students
 acceptance depending upon the availability of such facilities and duration subject to following
 required VISA formalities.

- 4. For this purpose one agency has to be hired to facilitate these formalities including verification procedure by local police in advance.
- 5. The said agency will be responsible to receive the overseas students and facilitate their logistics as demanded by the individual students.
- 6. The deans of respective medical colleges at Navi Mumbai and Aurangabad will provide at least four rooms at each campus in the PG hostel to accommodate these overseas students on specific demand of accommodation by them. The necessary mess facilities will also be provided in the PG hostel itself.
- 7. On reporting for observership the international students cell MGMIHS, heads of institutes will provide log book/worksheet to the student along with a letter to respective heads of departments under which student is desirous to pursue his/her observership.
- 8. During their stay they will be mentored personally by respective heads of the departments. They can be posted in rotation to various branches within the department as specified by the university. They will not be allowed to perform procedures on human subjects or handle any sensitive equipment independently.
- 9. No leave will be permitted except on gazette holidays and sickness.
- 10. On completion of the program the completion certificate has to be issued by the Registrar MGMIHS initiated by respective HODs and processed at International Students' Cell
- 11. The work and conduct of the student will be strictly according to MGMIHS rules and other graduate attributes of the university.
- 12. The concerned overseas students are required to submit feedback to MGMIHS, failing which completion certificate will not be issued.

Attachment

- Sample application form
- Sample completion certificate
- Sample worksheet

• Rules and regulations as displayed on the university website

Registrar

MGMIHS Dr. Rajesh B. Goel Registrar

Mari Mumbai- 410 209

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In-charge Director
International Students' Cell

Dr. Nimich C. Mohansy, MD (PGI) Director, Student & Staff Welfare MGM Institute of Health Sciences Navi Mumbai- 410209