



OMSB Application Form for Electives Abroad

Full Name OMSB number

Date of Birth/...../..... Male Female

Training Program Level

Telephone number..... E-mail

Address.....

Name of the Elective: (In order of preference)

1-.....

2-.....

3-.....

Period of the elective

Name of University / Country:

1-.....

2-.....

3-.....

Reason for the elective

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Resident Signature:.....

Date:.....