Choices Form 2021

Applicants' Info:

1- Full Name			
2- Gender			
3- Nationality & National ID			
4- Faculty & University	Medicine/Dentistry:	University:	
5- Study Year (3,4,5,6, Emtiaz)			
6- Email			
7- Facebook Account			
8- Whatsapp, Viber, Skype			
9- Mobile & Home Phones			
10- Home Address			
11- German Language	B1 Level Certificate from Goethe Institute: Yes - No		
12- Academic Grades/year:	1 st yr:	2 nd yr:	3 rd yr:
	4 th yr:	5 th yr:	6 th yr:

Available Contracts & their corresponding clerkships' months & fees:

Faculty - Country	Medical Students	Dental Students	2021 Month	Students who can apply
Innsbruck - Austria	2	4	Aug/Sep	- Medical 2021 in 3rd, 4th, 5th & Emtiaz years - Dental 2021 in pre-final, final & Emtiaz years
Würzburg - Germany	2	0	Aug/Sep	- Medical 2021 in 3rd, 4th, 5th & Emtiaz years
Lund - Sweden	2	0	Sep	- Medical 2021 in 3rd, 4th, 5th & Emtiaz years
Vienna - Austria	4	0	Nov	- Medical 2021 in Emtiaz (girls only)
Graz - Austria	2	2	Nov/Dec	- Medical 2021 in Emtiaz (girls only) - Dental 2021 in Emtiaz
Total	12	6		

NB1: Fees are mostly divided into: (Registration 300 Egyptian Pounds, International Paperwork Process 6000 Egyptian Pounds, Clerkship 500 Euro, Refundable Insurance 200 Euro, Optional Accommodation 450 Euro in average).

NB2: Emtiaz will train abroad only in General Surgery or Internal Medicine and their sub-specialties. We will not change any departments choices for Emtiaz. Emtiaz must arrange their rotations in Cairo according to their elective choice abroad.

<u>Countries Choices:</u> Arrange the above countries according to your priorities and <u>Do NOT</u> write unwanted or inapplicable choices:

1 st :	2 nd :
3 rd :	4 th :
5 ^{th:}	6 th :

Date and Signature of the applicant:

Year 2021 The Egyptian Association for International Medical Studies (EAIMS). Kasr Al Aini Medical Faculty, Cairo University, Egypt. www.eaims.net **Destination Medical & Dental Exchange Programs** Photo

	OUTGOING'S APPLICATION FORM	AF Number		
Passport Info:				
FULL NAME:				
Nationality:	Passport Number: Valid	till (d/m/y):		
Gender:	Date of Birth (d/m/y): Place	of Birth:		
Medical Info:				
Faculty:	University: Coun	try:		
Level: Undergradu	ate Study Year: Grad	uation Year:		
Study Language:	Study Language: Native Language: Other Languages:			
Contact Info:				
Contacts	Applicant Fam	ily Contact Person (Parent)		
Name:				
Address:				
Tel: Mobile/Home				
Email:				
National ID				
Desired Departments: You MUST include General Surgery & Internal Medicine in your 6 choices				
General S	General Surgery and Sub-Specialties			
Internal N	Internal Medicine and Sub-Specialties			

	General Surgery and Sub-Specialties			
	Internal Medicine and Sub-Specialties			
		_		
Accon	nmodation via EAIMS Partners:	Yes	No	

Signature of applicant:

Date:

CV Model

A- Personal Data:		
- Full Name:		
- Date of Birth:		
- Place of Birth:		
- Gender:		РНОТО
- Nationality:		rnoro
- National Egyptian ID Number:		
- Passport Number:	Valid till:	
- Home Address:		
- Home Phone Number: +20-		

B- Curricular Data:

- Medical Faculty:

- Official Email:

- General Academic Grades:

- Mobile Phone Number: +20-

1st year:	2 nd year:	3 rd year:
4 th year:	5 th year:	6 th year:

- Medical Activity: Courses, Conferences, Workshops, Societies,...

C- Extracurricular Data:

- Languages:
- Travel:
- Skills:
- Hobbies:
- Others:

Reference Professor's Name:

Department: Faculty:

Email:

Mobile Tel: +20-