



Symbiosis Medical Elective Program for International Students

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**Undertaking**

I, \_\_\_\_\_ [Name in Full as per Passport],  
a student of

\_\_\_\_\_ [Name of  
University/College], currently studying in year \_\_\_\_\_ of \_\_\_\_\_  
Undergraduate program, hereby undertake the following during my Electives/Observership as  
part of the Symbiosis Medical Elective Program for International Students at Symbiosis  
Medical College for Women (SMCW) and Symbiosis University Hospital & Research Centre  
(SUHRC), in collaboration with the Symbiosis Centre for International Education (SCIE),  
Symbiosis International University (SIU), Pune, India.

I understand and acknowledge that as a foreign student, I am not permitted to examine or  
treat patients during my Electives/Observership in India.

1. I agree to strictly adhere to the guidelines and regulations set forth by The National  
Medical Commission, as well as SMCW, SUHRC, and SIU, ensuring that I do not  
engage in any clinical activities that involve direct patient care.
2. I will observe and learn from the clinical practices and procedures conducted by the  
authorized medical professionals at SMCW and SUHRC without participating in  
patient examination or treatment.
3. I will comply with all instructions provided by the faculty and staff of SMCW,  
SUHRC, and SCIE, and I will seek clarification if I am uncertain about any aspect of  
my role and responsibilities during the Electives/Observership.
4. I understand that any violation of this undertaking may result in the immediate  
termination of my Electives/Observership and may have further consequences as  
deemed appropriate by SMCW, SUHRC, and SIU.

I hereby declare that I have read and understood the terms of this undertaking and agree to  
abide by them during my Electives/Observership at SMCW and SUHRC.

Signature: \_\_\_\_\_

Full Name: \_\_\_\_\_

Date: \_\_\_\_\_

Passport Number: \_\_\_\_\_

Contact Information: \_\_\_\_\_