

Observership Policy at IKDRC-ITS, Ahmadabad, India

Eligibility

Postgraduate qualification in respective specialty

Role of an Observer

Observers may watch procedures, surgeries, patient histories and physicals. Observers may attend patient rounds, teaching conferences and utilize the medical library. Observers may not participate in any patient care activities or research.

Duration

15days to 6months

Process for Observership

Complete Observer application form should be sent to Academic Council by respective Head of the department. Final clearance will be given by Academic Council to accommodate the request.

The approval process will usually take approximately 6-8 weeks.

Requirements

For Indians

For employed candidates: Proof of permission obtained from employers/ Head of the dept. / Head of institute

For Foreigners

Country of origin:

1. Proof of permission obtained from employers/ Head of the dept./ Head of institute
2. Clearance from relevant Ministry
3. References from 2 faculty members with more than 10 years' experience
4. Passport copy

FEES

Tenure	For govt. employees	Indians from non-govt. sector	Foreigners
≤ 1 Month	Free	Rs. 5000/-	Equivalent to Indian Rs. 10,000/-
≤ 3 Months	Free	Rs. 10000/-	Equivalent to Indian Rs. 20,000/-
≤ 6 Months	Free	Rs. 20000/-	Equivalent to Indian Rs. 40,000/-

Fees should be paid in cash/cheque on the day of joining observership.

Pl. note: Final tenure & dates of Observership will be decided by the Dept. depending upon availability of slots. Candidates will have to make their own arrangements for accommodation, food, etc.

UNDERTAKING FOR OBSERVERSHIP

I, _____, wish to observe the clinical services / activities of the _____ at IKDRC-ITS from _____ to _____ in furtherance of my educational goals.

1. I understand that I will not be allowed to perform any clinical activities or other work, documenting on any medical record, and advising or care providers or patients without the supervision of attending physician.

2. During observing clinical services, 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.

3. I understand that all patient information, including medical records, other medical information, billing and financial data, are confidential. I agree to keep all information confidential.

4. I understand that if I break this agreement, it will result in immediate termination of my observership.

NAME OF OBSERVER

Signature:

Date: _____

Place: _____