



AGREEMENT FORM FOR MEDICAL OBSERVERSHIP PERIODS

NAME:

ADDRESS:

.....

.....

SERVICE/S TO BE VISITED:

.....

DATES OF ATTENDANCE

FROM: / / TO: / /

TOTAL AMOUNT TO BE PAID:

By signing this agreement form you accept the regulations in place for all observers. Under no circumstances must you attempt to take any photographs whilst on the premises; under no circumstances should you discuss or divulge any confidential patient information. A smart dress code is expected as a sign of respect to our patients and colleagues. Trainers, jeans and sports clothing are unacceptable at any time.

I HEREBY AGREE TO PAY THE ABOVE FEE FOR MY OBSERVERSHIP PERIOD AT MEDICAL RESEARCH FOUNDATION, CHENNAI, INDIA. I understand that the Medical Research Foundation (Sankara Nethralaya) reserves the right to give away my observership place to another doctor/student (or the first week of the booking) if I have not arrived by 9.30am on the 2nd day of my booking and have not communicated my delay with the hospital.

I ENCLOSE MY REFUNDABLE CAUTION DEPOSIT PAYMENT OF

SIGNED:

DATE: