

Letter of Recommendation for Participation in ‘Symbiosis Medical Elective Program (SMEP)’

[On the Official Letterhead of the Institution]

Date: [DD/MM/YYYY]

To,
The Dean,
Symbiosis Medical College for Women (SMCW),
Symbiosis University Hospital and Research Centre (SUHRC),
Pune, India.

Subject: Recommendation for Participation in ‘Symbiosis Medical Electives Program(SMEP)’

Dear Dean,

This is to certify that [Student’s Full Name], a student of [Institution Name], is currently enrolled in the [Program Name, e.g., MBBS/MD] program and is in her [Year of Study, e.g., 4th Year].

She is interested in participating in the ‘Symbiosis Medical Electives Program(SMEP)’ for international medical students organized by Symbiosis Medical College for Women (SMCW) & Symbiosis University Hospital & Research Centre (SUHRC), Symbiosis International University (SIU).

The details of her proposed participation are as follows:

Name of the Student: [Full Name]

Year of Study: [Year/MBBS Program, e.g., 4th Year]

Duration of Elective Program: [Proposed Duration, e.g., 4 weeks]

Preferred Month and Year of Participation: [Month and Year, e.g., June 2025]

We believe that this program will provide her with an excellent opportunity to gain clinical exposure and enrich her medical education through comprehensive learning in an international healthcare setting.

We kindly request you to consider this application and provide the necessary support for her participation. Please feel free to reach out to us for any further clarifications or documentation required.

Thank you for your attention.

Sincerely,
[Full Name of Recommending Authority]

[Designation]
[Institution Name]
[Contact Information]
[Official Seal/Stamp]

SAMPLE