ECIP 2027 Undergraduate Medical Student Confirmation Form

Thank you for your interest in attending ECIP 2027! Please complete this form to upload it as part of the ECIP 2027 online registration process for undergraduate medical students.

Registrant

CIRSE ID: _____ Date of Birth (dd/mm/yy):_____

First name: _____ Last name: _____

University/Educational Institute

Name: _____

Name of degree: _____

City: _____

Country: _____

Predicted date of graduation: _____

Department/Office Stamp

(If your institute does not have a stamp, kindly have your below representative email us at registration@cirse.org):

Confirmation by office/department:

I, (Title)_____ (First name) _____ (Last name) _____,

as the applicant's supervisor in the position of_____,
confirm that they are an **undergraduate medical student** at the above-mentioned university/institute, at the time of ECIP 2027 (March 13-15,2027).

Representative's signature: _____

Applicant's signature: _____ Date: _____

One page CV (in English)

Thank you for completing your ECIP 2027 undergraduate medical student confirmation! Please have it ready to be uploaded along with a scan of your passport for the ECIP 2027 online registration process. If you have any further queries, please to contact registration@cirse.org.