Name of the candidate (first/middle/last)

**Candidate for: WHO DEPARTMENT OF ESSENTIAL MEDICINES AND HEALTH PRODUCTS**

WHO Department

**For the duration:**

Beginning and ending dates of the WHO internship

By signing this candidature the candidate fully accepts to abide the IFMSA Constitution and Bylaws.

Location/Date Signature of Candidate

By signing the candidature, the candidate’s National Member Organization enters into the liability for any damages caused by its member being selected for an internship at the World Health Organization. This applies for the entire term, including the case when the member loses membership at the National Member Organization for any reason, in the meanwhile.

Location/Date Signature and stamp of the National Member Organization’s President