[Letterhead of Home Institution]

[Date]

Dear Dean of the Faculty of Medicine Siriraj Hospital, Mahidol University:

Subject: Permission to Participate in Medical Internship/Observership/Short Training/Academic Activities at Faculty of Medicine Siriraj Hospital

This letter confirms that [Full Name of Trainee], who holds the position of [Current Position/Title] at [Home Institution Name], has been granted permission to participate in the [Medical Internship/Observership/Short Training/Academic Activities] at the Faculty of Medicine Siriraj Hospital, Mahidol University, Thailand.

Details of the Program:

- Type of Activity: [Medical Internship/Observership/Short Training/Academic Activities]
- Duration: [Start Date] to [End Date]
- Department/Division: [Specific department at Siriraj Hospital]
- Supervisor at Siriraj Hospital: [Name of supervisor, if known]

Purpose of Medical Activity: [Brief description of the purpose, expected learning outcomes, clinical/academic experience to be gained, and relevance to the trainee's professional development]

We understand that this program will provide valuable knowledge and skills that will benefit both the employee and our institution upon their return. During this period, [Employee Name] [will/will not] remain on our payroll and [will/will not] receive additional financial support from our institution for this training opportunity.

Our institution confirms that [Employee Name] has adequate health insurance coverage during their stay in Thailand, including coverage for medical emergencies and repatriation if necessary.

We further confirm that upon completion of the program, [Employee Name] is expected to return to [Home Institution Name] to resume their duties and apply the knowledge and skills acquired during their training.

Should you require any additional information or have any concerns, please do not hesitate to contact [Contact Person at Home Institution] at [Email] or [Phone Number].

Sincerely,

[Signature]

[Name of Authorizing Official]
[Title/Position]
[Home Institution]
[Contact Information]

NOTE: This letter is only valid with the official institutional seal