

**Elective /Observer ship**  
**Application Form for External Students (UG/PG)**

Date of Application:		Program: <input type="checkbox"/> Undergraduate <input type="checkbox"/> Post Graduate	
<b>Bio Data (to be filled by the Applicant)</b>			
Name of Candidate:		Gender (encircle): Male / Female	
Father Name:		CNIC:	
Date of Birth:		Nationality:	
Postal Address:			
Email Address:		Telephone/Mobile #	Telephone/Mobile #(in case of emergency)
<b>Department Selected for Electives at</b>			
<input type="radio"/> Oral & Maxillofacial Surgery <input type="radio"/> Prosthodontics <input type="radio"/> Operative Dentistry <input type="radio"/> Orthodontics <input type="radio"/> Periodontics <input type="radio"/> Oral Medicine / Diagnosis			
Proposed Start Date (dd/mm/yyyy)		Proposed End Date (dd/mm/yyyy)	Total Duration (encircle one) 2 Weeks      4 Weeks
<b>Parent Institute Details</b>			

This is to certify that the above named student is in good standing and is authorized to take this elective at Lahore Medical & Dental College, Lahore. The student (WILL) / (WILL NOT) require a written evaluation at the conclusion of this elective. During the period of proposed elective student will be enrolled in \_\_\_\_\_ Year of \_\_\_\_\_ Year Undergraduate / Post Graduate program. The student's expected date of graduation is \_\_\_\_\_ (month and Year)

Name of Parent Institution:	
Mailing Address of Institute:	
Contact No of Institute:	Email Address of Institute:
Name & Title Head of Institute:	Signature Head of Institute:

Documents (to be attached):

Sr.No.	List of Documents	Received
1.	A letter of recommendation from the Principal / Supervisor at the Parent Institution	
2.	One passport size pictures	

Guideline for Students:

- Application fee of RS=5000/- would be charged from external students as determined by the Lahore Medical & Dental College, Lahore.
- On approval, the fee can *ONLY be deposited through bank draft payable to: Lahore Medical & Dental College, Lahore (NTN: \_\_\_\_\_)*
- External Students will be entertained on a first come first serve / Merit basis.
- For Postgraduate, a valid PMDC license certificate is mandatory, which should be submitted along with mandatory educational documentation as indicated in the application form..
- Undergraduate / Postgraduate students applying for electives should have ideally completed TWO years of training in their respective program at their, parent institute. An official letter from the parent institute will be required for eligibility.
- The duration of the electives shall be from 2-4 weeks at a time and can be renewed for another 4 weeks maximum.
- Students on electives at Lahore Medical & Dental College, Lahore would be required to wear a white coat and display the College.ID card at all time to identify them as a “visiting student”. Without a card, the security personnel could challenge and stop you from entering the premises, or any part of the premises. Please obtain a card from the Student Affairs Office on arrival.
- Students will be required to submit the evidence of the required vaccinations when pursuing electives in Lahore Medical & Dental College, Lahore.

**Students are advised to go through the detailed SOP's for elective rotation at LM&DC, Shared with this application form**

**Declaration of Intent:**

I have read the rules and regulations and agree to comply with these. Failure to do so, as determined by the Elective Committee /Administration may result in immediate cancellation of my elective.

Signature of the Candidate: \_\_\_\_\_

Date: \_\_\_\_\_

APPROVAL BY Lahore Medical & Dental College, Lahore

Department Name:	Application Approved: Yes / No	
Allowed for: _____ Weeks	Start Date:	End Date:

Approved By (HOD/ Supervisor Name) \_\_\_\_\_ Signature & Date: \_\_\_\_\_

Approved By (Principal / Dean): \_\_\_\_\_ Signature & Date: \_\_\_\_\_