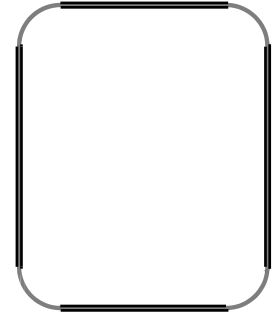




Lahore Medical & Dental College
Canal Bank North, Tulpura, Lahore
Phone No. 0346-4418891-98



Elective Clinical Placement

Application Form for External Students

Date of Application: _____	Applying for the month of: _____
First Name: _____	Last Name: _____
Date of Birth: _____	Place of Birth: _____
Nationality: _____	Male <input type="checkbox"/> Female <input type="checkbox"/>
Postal Address: _____	
Mobile #: _____	Telephone #: _____
Email Address: _____	Institute: _____
Department Selected for Electives: 1st Choice _____ 2nd Choice _____ 3rd Choice _____	

Start Date: _____ **End Date:** _____ **2 weeks** **4 weeks**
(Day/Month/Year) (Day/Month/Year)

At the time of the elective, I will be in year _____ of a _____ year program.

Documents (to be attached):

1. A letter of recommendation from the principal of the parent institution.
2. One picture (Paste of Application Form)
3. Medical Fitness Certificate from a Registered Medical Practitioner
4. Attach proof of the following:
 - Hepatitis B Surface Antigen
 - HCV Antibody
 - Hepatitis B Surface Antibody (A complete record of Hepatitis B vaccination required, if Hepatitis B Surface Antibody is non-reactive)

TO BE COMPLETED BY APPLICANT'S SCHOOL

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 in _____ year of MBBS programme. His/Her expected date of graduation is _____ (month and year).

Signature of School Official: _____ Name & Title of School Official: _____

Parent Institution: _____ Mailing Address: _____

Email: _____

Phone Number: _____ **Please Affix School Seal**

Hostel Accommodation: Very limited accommodation is available. If you would like to apply for accommodation, please check the box below.

Yes

No

For Official Use:

Hostel Accommodation Approved: Yes No

Room # _____

TO BE COMPLETED BY ELECTIVE APPROVED DEPARTMENT:

Application Received Date: _____ Approved: Yes No
(Day/Month/Year)

Fee Category: Local Foreign Recommendation Letter: Yes / No

Mode of Payment: **Cash** (Receipt Number): _____ **Draft Number:** _____

Approved Department: _____ Preceptor Name: _____

Approved by _____ Approved by
Preceptor: _____ **Advisor Student Affairs:** _____

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- Students need to apply to the Office of Student Affairs (Electives), at least 4 weeks in advance specifying time frame of the electives (**at least 8 weeks before for summer electives**). Electives for minimum **4 weeks** in each department are mandatory and a student can do maximum **8 weeks** in a year. Students in third, fourth and fifth year of MBBS can be considered. Other cases may also be entertained at SCM's discretion.
 - Only students who belong to an accredited WHO and PMDC recognized institute with a minimum of two years of clinical exposure will be entertained. An official letter from the parent institute will be required for eligibility. Preference will be given to students from the institute that has a reciprocal arrangement with Lahore Medical & Dental College.
 - Students will be responsible for their own medical coverage.
 - Students on elective at LM&DC/Hospital would be required to wear a white coat and display the College ID card at all times 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 follow all the rules and regulations of Lahore Medical & Dental College and Hospitals specially the dress code. Although every effort would be made to make the elective an enjoyable experience, the Lahore Medical & Dental College and Hospitals would not be held liable for any mishap, experience and events that may directly or indirectly, physically or emotionally harm the "candidate" on or off the college or hospital premises during the course of the elective.
 - The electives will be evaluated through the students elective log book which will be generic and will include expectations and outcomes. Student activity will be countersigned by the supervisor. Please obtain an elective log book from the Student Affairs Office on arrival and submit at the end of electives to get the completion certificate. In case of misplacement of Electives log book or Electives I.D card, Rs. 250 will be charged for both separately.
 - Rs. 1000/- as application processing fee will be charged at the time of submission of application. (**applicable only for local students**)
 - Application fee would be charged from external students which is:
 - **Rs: 5000/-** for local student (*4 weeks registration*)
 - **US\$: 200/-** for International student (*4 weeks registration*)

On approval, payment can only be made by sending a bank draft, payable to Lahore Medical & Dental College.

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 and a failed grade.

Signature of candidate: _____

Date: _____