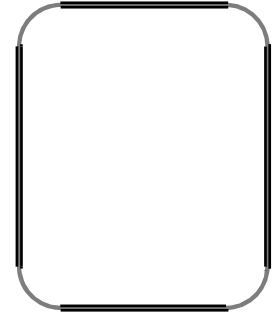




**Lahore Medical & Dental College**  
Canal Bank North, Tulpura, Lahore  
Phone No. 0346-4418891-98



## 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: 1 <sup>st</sup> Choice _____ 2 <sup>nd</sup> Choice _____ 3 <sup>rd</sup> 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 COLLEGE**

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 College Official: \_\_\_\_\_

Name & Title of College Official: \_\_\_\_\_

Parent Institution: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Please Affix College 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 # \_\_\_\_\_

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**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:** \_\_\_\_\_

- 
- 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**). Students in fourth and fifth year of MBBS will be considered.
  - 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: 10,000/-** 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/online, 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: \_\_\_\_\_