

Liaquat National Hospital and Medical College Institute for Postgraduate Medical Studies and Health Sciences

Application for Elective / Observership

SECTION 'A: To be filled by Applicant						
	Ob					
Please Select your Elective /Observership Program: Image: Medical & Surgical Specialties Image: Pharmacy Image: Physiotherapy Image: Diagnostic & Lab Sciences						
☐ Medical Technology] Observership	
Name: Parent's/spouse's Name:						
Present Address:						
Cell #Date of Birth:Place of Birth: Place of Birth:						
	Photograph Photograph					
Nationality:	nality:Email					
National Identity Card Number:						
ACADEMIC QUALIFICAT	TIONS: Year of	Grade/				
Qualification	Passing	Division	Subjects		Board/University	
Primary/Secondary						
Higher Sec.						
Program Enrolled: College/University Name						
3 rd Year Final Year Waiting for result Graduates						
Choice of Discipline: (1) (2) (3) Proposed Month of Joining:						
Objective of your Proposed Elective:						
Have you done any elective/observer ship in this institution? If yes, please fill the following:						
Department: Period: From To						
Student Deglevertion:						
Student Declaration: 1. I accept and will abide by all applicable policies, procedures and regulations including the hospital elective code of conduct during my visit to Liaquat						
National Hospital & Medical College.						
in the strictest confidence during my visit or thereafter.						
3. I accept that Liaquat National Hospital & Medical College shall be entitled to withdraw its permission for use of its premises and facilities if I do anything that breaches the provision set out above or do anything which in the reasonable opinion of Liaquat National Hospital & Medical College brings or likely to have the hearing the mean state of the mean state of the mean state.						
bring the hospital name or reputation into disrepute.4. I confirm that at the end of my visit I will return all property belonging to Liaquat National Hospital & Medical College.						
Date:	Date: Signature:					
SECTION 'B': To be completed by Dean/Principal/ HOD of relevant institution's (Not relative)						
	a by Deals I incipa			YES	NO	
• The applicant is approved to take this elective/observer ship program. \Box						
• The applicant is in g	ood standing at thi	is institution				
Name	Title Contact					
Email Signature with Stamp						
<u>For Office Use Only:</u> Selection for:						
Selection for:						
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