



Application for Elective / Observership

SECTION 'A': To be filled by Applicant

Please Select your Elective /Observership Program:

- Medical & Surgical Specialties, Pharmacy, Physiotherapy, Diagnostic & Lab Sciences, Medical Technology, Rehabilitation Services, Nursing, Others, Observership

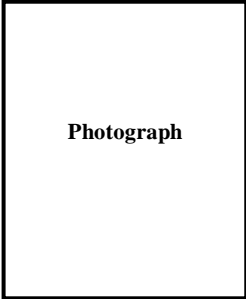
Name: Parent's/spouse's Name:

Present Address:

Cell # Date of Birth: Place of Birth:

Nationality: Email

National Identity Card Number:



ACADEMIC QUALIFICATIONS:

Table with 5 columns: Qualification, Year of Passing, Grade/Division, Subjects, Board/University

Program Enrolled: College/University Name
3rd Year, 4th 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 Declaration:
1. I accept and will abide by all applicable policies...
2. I accept my ethical obligation...
3. I accept that Liaquat National Hospital & Medical College...
4. I confirm that at the end of my visit I will return all property...
Date: Signature:

SECTION 'B': To be completed by Dean/Principal/ HOD of relevant institution's (Not relative)

- The applicant is approved to take this elective/observer ship program. YES NO
The applicant is in good standing at this institution YES NO

Name Title Contact No.

Email Signature with Stamp

For Office Use Only:

Selection for:

Department Period: From to

Signature