

Application for Elective /Observership Program

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
 Observer Ship

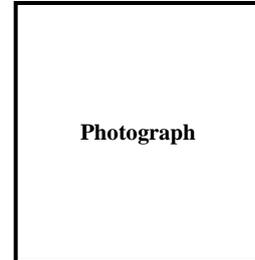
Name: _____ Parent's/spouse's Name: _____

Present Address: _____

Cell # _____ Date of Birth: _____ Place of Birth: _____

Nationality: _____ Email _____

Gender: _____ National Identity Card Number:



ACADEMIC QUALIFICATIONS:

Qualification	Year of Passing	Grade/ Division	Subjects	School/College/University
Primary/Secondary				
Higher Sec.				
O Level				
A Level				

Undergrade Program Enrolled: _____ College/University Name _____

2nd year 3rd Year 4th year final Year Graduates Waiting for result Please (✓) in appropriate box

Choice of Discipline: (1) _____ (2) _____ (3) _____ Proposed Month of Joining: _____

Objective of your Proposed Elective: _____

Have you done any elective/observership in this institution? If yes, please fill the following:

Department: _____ Period: From _____ to _____

Student Declaration:

- 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.
- I accept my ethical obligation as a medical professional to hold all information provided by the patients, families or by other members of the health care team in the strictest confidence during my visit or thereafter.
- 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 bring the hospital name or reputation into disrepute.
- I confirm that at the end of my visit I will return all property belonging to Liaquat National Hospital & Medical College.

Date: _____

Signature: _____

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

- | | YES | NO |
|--|--------------------------|--------------------------|
| • The applicant is approved to take this elective/observer ship program. | <input type="checkbox"/> | <input type="checkbox"/> |
| • The applicant is in good standing at this institution | <input type="checkbox"/> | <input type="checkbox"/> |

Name: _____ Title: _____ Contact No. _____

Email _____ Signature with Stamp _____

For Office Use Only:

Selection for: _____

Department Period: From _____ to _____

Signature

Information regarding Elective/Observership Program

1. Please note that electives/observership programs are offered in calendar month on the 1st day or 16th day of each month.
2. Applicant who has completed fourth semester (appeared in Second Professional Examination) can apply for Elective Program (4 weeks).
3. Applicant who are in high school can apply for Observership Programs (2 weeks).
4. The elective/observer ship fee (nonrefundable).
5. Application Form must be accompanied with the following documents:
 - a) 1 passport size photograph.
 - b) Photocopy of Mark Sheet (Last examination).
 - c) Original N.O.C. from the Principal of the concerned college on letter head mentioning the Roll #, year of study & month for which NOC is given. Without submission of NOC, application will not be entertained.
6. The Elective/Observership may be available in the following Departments. Once the offer is accepted, cannot be changed.

<p><u>Medical & Surgical Specialties</u></p> <p>Anesthesiology Cardiac Surgery Thoracic Surgery Cardiology Chest Medicine Dental & Maxillofacial Dermatology Otorhinolaryngology (ENT) Endocrinology Gastroenterology Gynae & Obstetrics General Medicine Neurology Nephrology Neurosurgery Oncology Ophthalmology Orthopedics Pediatrics Peads Surgery Plastic Surgery Mental Health Radiology Rheumatology General Surgery Urology Vascular Surgery Dental & Maxillofacial Surgery</p>	<p><u>Pharmacy</u> Hospital Pharmacy Extemporaneous & Non-Sterile Compounding Services Sterile Compounding Services and Intravenous Piggy Back Services Oncology Pharmacy Services</p> <p><u>Physiotherapy</u> Cardiac Rehabilitation Pulmonary Rehabilitation (Chest unit) Gynae & Obstetrics (Women health) Sport Rehabilitation (orthopedics) Hand Rehabilitation (Plastic Surgery) Peads Rehabilitation Intensive Care (Critical care) Physiotherapy Outpatient Rehabilitation (Musculoskeletal) Neuromedicine /Neurosurgery Rehabilitation (Stroke, Gait, Spinal)</p> <p><u>Diagnostic & Laboratory sciences</u> Microbiology Haematology Blood Bank Biochemistry</p> <p>Molecular Pathology Histopathology</p> <p><u>Nutrition:</u> Food & Nutrition</p>	<p><u>Rehabilitation Services</u> Speech Therapy Occupational Therapy</p> <p><u>Medical Technology</u> Radiology Science Critical Care Science Dialysis Science Operation Theatre Science</p> <p><u>Others</u> Biomedical Engineering Human Resource Marketing Account/Finance Information Technology</p>
<p><u>Observership:</u> General Surgery Plastic Surgery Vascular Surgery Anaesthesiology Dermatology Gastroenterology Obs & Gynae Paediatrics Paeds Surgery Urology Orthopaedics</p>		

7. Applicant supposed to be confirmed their selection 5 days prior of their Elective/Observership via call.
8. The certificate will be issued after 2 weeks of the rotation ends according to evaluation (including the attendance & behavior of the candidate) given by the Elective Supervisor.

All correspondence should be addressed to: Department of Elective/Observership

Timing:

9:30 a.m. – 4:30 p.m. (Monday – Friday)

9:30 a.m. – 12:30 p.m. (Saturday)

Contact us:

021- 34412607, UAN, 111-456-456

Website: www.lnh.edu.pk

Email: elective.observership@lnh.edu.pk