

Application for Elective /Observership

SECTION 'A': To be filled by Applicant

Please Select your Elective /Observer Ship 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 _____

National Identity Card Number:

Photograph

ACADEMIC QUALIFICATIONS:

Qualification	Year of Passing	Grade/ Division	Subjects	Board/University
Primary/Secondary				
Higher Sec.				

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/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 completed 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/observer ship 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/Observership Programs.
3. The elective/observer ship fee (nonrefundable).
4. Application Form must be accompanied with the following documents:
 - a) 1 passport size photograph.
 - b) Attested photocopies of Mark Sheets (Last examination).
 - c) 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.
4. The Elective/Observership may be available in the following Departments. Once the offer is accepted, cannot be changed.

Medical & Surgical Specialties Anesthesiology Cardiac Surgery Cardiology Chest Medicine Dental Dermatology Otorhinolaryngology (ENT) Endocrinology Gastroenterology Gynae & Obstetrics General Medicine Neurology Nephrology Neurosurgery Oncology Ophthalmology Orthopedics Pediatrics Peds Surgery Plastic Surgery Psychiatry Radiology Rheumatology General Surgery Urology Vascular Surgery Radiology	Pharmacy Hospital Pharmacy Extemporaneous & Non-Sterile Compounding Services Sterile Compounding Services and Intravenous Piggy Back Services Oncology Pharmacy Services Physiotherapy Cardiac Rehabilitation Pulmonary Rehabilitation (Chest unit) Gynae & Obstetrics (Women health) Sport Rehabilitation (orthopedics) Hand Rehabilitation (Plastic Surgery) Peds Rehabilitation Intensive Care (Critical care) Physiotherapy Outpatient Rehabilitation (Musculoskeletal) Neuromedicine /Neurosurgery Rehabilitation (Stroke, Gait, Spinal) Diagnostic & Laboratory sciences Molecular Pathology Microbiology Haematology Blood Bank Biochemistry Histopathology Lab Collection Centre Medical Technology Radiology Science Critical Care Science Dialysis Science Operation Theatre Science	Rehabilitation Services Health & Fitness (Senior citizen) Speech Therapy Occupational Therapy Nursing Cardiology Nephrology / Dialysis Pediatrics Cath Lab Elderly Care Others Biomedical engineering Orthotics & Prosthetics
		Observership Anatomy Physiology Biochemistry Food & Nutrition Psychology Pharmacology Pathology Forensic Medicine

6. Applicant will be notified for interview within a week time before start of their Elective/Observership.
7. The certificate will be issued at the end of the elective/Observership as per 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