

Local/Foreign Medical Undergraduate
Clinical Training/Research
(Application for Clinical Elective/Research Training)

PHOTO
Passport Size
*(With White
Background)*

<<Name of the Medical College / University>>

<<Country>>

1. Name: -----
(as it appears on the passport/national identity card)

2. Date of Birth:

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d	d		m	m		y	y	y	y

3. Place of birth: -----

4. C.N.I.C. number:

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(If Applicable)

5. Passport number:

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(If Applicable)

6. Phone Number: -----
(Home) (Mobile/Cell) (Other)

7. E-mail address: -----

8. Postal address: House #-----Street #-----Road-----
Town/City-----Country-----ZIP-----

9. Father's Name: -----

10. Father's Occupation: -----

11. Person to be contacted in case of emergency: -----

12. Relation to you: -----

13.

ACADEMIC RECORD

Examination	Year of passing	Total Marks	Marks Obtained	Name of Institution
Final Prof. MBBS				
4 th Prof. MBBS				
3 rd Prof. MBBS				
2 nd Prof. MBBS				
1 st Prof. MBBS				
Any Other				

14. Electives in Basic/Clinical Sciences: (give preference 1-20), rotation will be offered subject to availability;
All Elective rotations are carried out at SMDC.

Sr. No.	Department/s	Research/ Clinical Elective Duration	Number of Elective positions available	Number in order of preference (1-20)
1.	Internal Medicine	4weeks	4	
2.	Cardiology	4weeks	2	
3.	Radiology	4weeks	2	
4.	Surgery	4weeks	4	
5.	Paediatrics	4weeks	2	
6.	Gynae & Obstetrics	4weeks	4	
7.	Psychiatry & Behavioral Sciences	4weeks	2	
8.	Ophthalmology (Eye)	4weeks	2	
9.	Otorhinolaryngology(ENT)	4weeks	2	
10.	Orthopaedics	4weeks	2	
11.	Anesthesiology	4weeks	2	
12.	Urology	4weeks	2	
13.	Dermatology	4weeks	2	
14.	Pathology	4weeks	2	
15.	Forensic Medicine & Toxicology(Research only)	4weeks	2	
16.	Pharmacology(Research only)	4weeks	2	
17.	Community Health Sciences(Research only)	4weeks	2	
18.	Anatomy (Research only)	4weeks	2	
19.	Physiology(Research only)	4weeks	2	
20.	Biochemistry(Research only)	4weeks	2	
21.	Bioethics (Research only).	4weeks	2	

15. Hostel Accommodation

Would you require hostel accommodation if approved? Yes No
(Please note that limited hostel accommodation is available and priority is given to candidates from outside Lahore.)

16. DECLARATION

I Mr. /Ms. _____ Son/Daughter of _____ an applicant for Research/Clinical Elective Rotation / Training at Shalamar Medical & Dental College from _____ to _____ for a total duration of _____ weeks / months and solemnly affirm and declare that the above present information supplied by me is correct. I have read and understood the College terms and conditions of the clinical elective training procedure. I agree to abide by the rules and regulations provided to me any change / amendment such there in subsequently of the Shalamar College of Medicine & Dentistry.

Please note:

- No trainee is allowed to handle and examine any patient without Supervision of SMDC faculty member.
- SMDC is not responsible for the wellbeing of the elective trainee outside the campus.
- Trainees are required to take care of their valuables; SMDC will not be responsible for any loss incurred.

Applicant's Signature

Signature of Parent/Guardian

Date

17.

Application Checklist
(Please ensure that you have enclosed the following)

- Completed application form, duly signed and dated
- 4 passport sized photographs with white background on Mat Paper (taken within the last 6 months)
- One photocopy of letter issued by the Medical College / University mentioning that student has successfully completed his / her two/ three/four years of Medical Study or is enrolled in the medical school.
- Letter of recommendation
- One photocopy of result of each Professional Examination or Medical School transcript. (English Translation)
- One personal statement (optional)
- Proof of Proficiency in English (1 Optional)