

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:

		-			-				
d	d		m	m		y	y	y	y
3. Place of birth: -----
-
4. C.N.I.C. number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(If residing abroad please provide Social Security Number)
5. Passport number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(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 (1-21)
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	4weeks	2	

Approved By:

Head of Department

Principal-SMDC

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)
- Curriculum Vitae
- Proof of Proficiency in English (1 Optional)