



Medical Student Elective Application

R/CEN/HRD-012/v.1

FIRST NAME: _____ MIDDLE INITIAL: _____
 LAST NAME: _____
 DATE OF BIRTH: _____ SEX: _____
 NATIONALITY: _____
 ADDRESS: _____
 CITY: _____ COUNTRY: _____ POSTAL / ZIP CODE: _____
 TEL. _____ MOBILE/CELL #: _____
 EMAIL (Please print): _____
 CURRENT EDUCATIONAL INSTITUTION: _____
 REQUESTED DISCIPLINE (Rank in order of preference, from 1 to 5 with the first preference ranked as 1)

<input type="checkbox"/> Anesthesia	<input type="checkbox"/> Internal Medicine	<input type="checkbox"/> Medical Oncology	<input type="checkbox"/> Nuclear Medicine
<input type="checkbox"/> Pathology	<input type="checkbox"/> Paediatric Oncology	<input type="checkbox"/> Radiation Oncology	<input type="checkbox"/> Radiology
<input type="checkbox"/> Basic Science	<input type="checkbox"/> Clinical Research	<input type="checkbox"/> Surgical Oncology	<input type="checkbox"/> Clinical Psychology
<input type="checkbox"/> Other _____			

REQUESTED ELECTIVES DATES: FROM ___/___/202__ TO ___/___/202__

ACCOMMODATION REQUIRED (Rooms assigned based on availability): (1) NO (2) YES

APPLICANT'S SIGNATURE: _____ DATE: _____

DO YOU HAVE A RADIATION MONITORING DOSING METER FROM YOUR PRIMARY INSTITUTE?

(1) NO (2) YES

FOR HRD USE ONLY: RECEIVED AT HRD ON: ___/___/___

APPLICATION DATES (dd/mm/yyyy): ___/___/___ to ___/___/___

DEPARTMENT: _____ HOD APPROVAL: _____

HOD COMMENTS (if any): _____

REMARKS OBSERVATIONS: _____

RADIATION MONITORING DOSING METER REQUIRE: (1) NO (2) YES

CHECK LIST:

OFFER LETTER TERMS & CONDITIONS EVALUATION FORM

TO BE COMPLETED BY SENIOR INSTITUTIONAL OFFICIAL (i.e. Principal, Dean, or equivalent)

This is to recommend the applicant for an elective at the Shaukat Khanum Memorial Cancer Hospital and Research Centre for the above dates. This certifies that the applicant is in good academic standing at our institution and that the information supplied here is complete and accurate, to the best of my knowledge.

ELECTIVE'S OBJECTIVE BY INSTITUTIONAL HEAD.

CURRENT ACADEMIC STANDING of APPLICANT (GPA or Equivalent) _____

NAME OF DEAN/OFFICIAL: _____

SIGNATURE & STAMP: _____

DATE: _____

ADDRESS: _____



INSTRUCTION

Eligibility Criteria:

- Final Year Student (5th year for local students & 4th year for international students)
 - Minimum placement is for 02 weeks
 - Maximum placement is for 08 weeks
- Please attach the following documents to complete your application:
 - Two recent/current passport size color photographs
 - A form of identification (a copy of your CNIC/Driving License/Passport)
 - Educational Degrees/Latest transcript
 - A letter from the institution confirming your current status as a student.
- **Application Fee** (non-refundable) to be submitted with the application
 - **Domestic applicants:** Pakistan Rupees Rs. 1,500 Payment, can be made by cash, bank draft or pay order payable to "**SHAUKAT KHANUM MEMORIAL TRUST**"
 - **International applicants:** Pounds Sterling £ 75, or US Dollars \$ 150 to be paid as cash on the day of arrival.
- Send your completed application to

EXTERNAL ELECTIVE OFFICE

SKMCH&RC, 7A, Block R3 Johar Town, Lahore, Pakistan

Tel: +92 42 35945100 Ext 3035; electives@skm.org.pk

UAN: 111-155 -555

Fax: +92-42-35945207