Shaukat Khanum Memorial Cancer Hospital and Research Centre

Observer Application

R/CEN/HRD-013/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): _____

INSTITUTION & ADDRESS: _____

MEDICAL SCHOOL ATTENDED:

_____ (Name and Location)

_____

DATE OF GRADUATION: ___ /___ /___

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

REQUESTED DISCIPLINE (You may pick and number by order of preference)

☐ Anesthesia	☐ Internal Medicine	☐ Medical Oncology	☐ Nuclear Medicine
☐ Pathology	☐ Peadiatric Oncology	☐ Radiation Oncology	☐ Radiology
☐ Basic Science	☐ Clinical Research	☐ Clinical Psychology	☐ Other
☐ Other _____			

OBSEVERSHIP OBJECTIVE BY DEPARTMENTAL HEAD.

_____

_____

_____

ACCOMMODATION REQUIRED: (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):_____

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

CHECK LIST:

OFFER LETTER ☐ TERMS & CONDITIONS ☐ EVALUATION FORM ☐☐

REFEREES

1. NAME: _____

ADDRESS: _____

TEL: _____ FAX: _____

EMAIL: _____

2. NAME: _____

ADDRESS: _____

TEL: _____ FAX:_____

INSTRUCTION

- Eligibility Criteria:
    - Minimum placement is for 02 weeks
    - Maximum placement is for 08 weeks
    - For placement in Surgical Oncology, please contact the External Elective Office and fill out the Visiting/Non-Employee OR Registration form as per requirements.
- Please attach the following documents to complete your application:
    - Two recent/current passport size color photographs
    - A form of identification (a copy of your ID/Driving License/Passport)
    - MBBS Degree/Copy of PMDC (Valid Medical Practice License)
- **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**: (Doctors from Europe) Pounds Sterling £ 75, or (Doctors from the USA and other countries) 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