



**SECTION -A:** To be completed by the student

**Please Note:** Incomplete form will not be processed. To be filled in block letters.

Name \_\_\_\_\_ Surname \_\_\_\_\_

Father Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Tel No \_\_\_\_\_ Cell No \_\_\_\_\_ E-mail \_\_\_\_\_

Country of Origin \_\_\_\_\_ Name of Institution Currently Enrolled \_\_\_\_\_

Duration of Medical Program \_\_\_\_\_ Graduation Date (final year exam) \_\_\_\_\_

Choice of Discipline for Electives: 1) \_\_\_\_\_ 2) \_\_\_\_\_  
(Please mention in order of preference)

Proposed Month for Electives \_\_\_\_\_

Do you require accommodation (*Applicable for students from outside Peshawar*) Yes  No

*Note: Due to shortage of rooms, it is not always possible to provide accommodation in the hostels.*

Objectives of your Proposed Electives (attach separate sheet)

\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_ Signature of Student \_\_\_\_\_

**SECTION-B:** To be completed by DEAN or REGISTRAR of student's school (not relative)

Name of Student \_\_\_\_\_

Has the student completed basic clerkships in Medicine, Surgery, Paediatrics, Obstetrics & Gynaecology, Ophthalmology, Otolaryngology, Psychiatry, Orthopaedics, Anaesthesia and Dermatology Yes  No   
(If no, please cross discipline not completed)

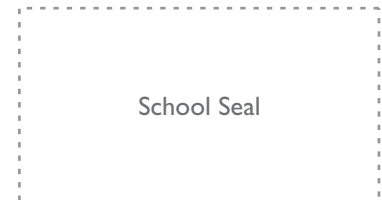
*I certify that the medical student named above is in good standing at this institution. He/ She is currently in \_\_\_\_\_ year of a \_\_\_\_\_ year program. He/ She is expected to complete all academic requirements by \_\_\_\_\_ (month and year). The student will / will not be covered by health and malpractice insurance.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name & Title \_\_\_\_\_

E-mail \_\_\_\_\_ Ph. No \_\_\_\_\_

Address \_\_\_\_\_



**SECTION-C:** Status of Application –To be completed by the Deans Office

Approved  No Approved  Department \_\_\_\_\_ Duration \_\_\_\_\_

You are required to send in your confirmation within 15 days from the date of this approval along with pay order / bank draft of Rs. 1,500/-. On the first day of your rotation, report to Deans Office at Rehman Medical Institute, at 9:00 am sharp.

Date \_\_\_\_\_ Signature \_\_\_\_\_ Office Seal \_\_\_\_\_