

SHIFA COLLEGE OF MEDICINE

NCBMS Tower, Near Federal Board Office, H-8/4, Islamabad, Pakistan **Tel**: +92-51-8493007/3014 **Email**: studentaffairs.scm@stmu.edu.pk

Elective Clinical Placement

Application Form for External Students

	Applying for the month of:
First Name:	Last Name:
Date of Birth:	Place of Birth:
Nationality:	Male Female
Postal Address	
Telephone/Mobile #	Telephone/Mobile #
	(in case of emergency)
Email Address:	
Institute:	
Department Selected for Electives: 1st Choice	2 nd Choice 3 rd Choice
Start Date: End Date:	: 4 weeks
(Day/Month/Year)	(Day/Month/Year)
At the time of the elective, I will be in year _	of a year program.
 4. Attach proof of the following: Hepatitis B Surface Antigen HCV Antibody Hepatitis B Surface Antibody 5. A complete record of Hepatitis B vacc 	cination if Hepatitis B Surface Antibody is non-reactive
Shifa College of Medicine. The student (WILL	nt is in good standing and is authorized to take this elective at (WILL NOT) require a written evaluation at the conclusion elective student will be inyear of MBBS programme.
Signature of School Official:	Name & Title of School Official:
	Mailing Address:
Parent Institution:	
Parent Institution: Email:	<u></u>
Email:	
Email:Phone Number:	

Room # _____

Hostel Accommodation Approved: Yes No



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Rules and Regulations for Electives at Shifa College of Medicine

- Students need to apply to the Office of Student Affairs (Electives), at least 4 weeks in advance specifying time frame of the
 electives (at least 8 weeks before for summer electives). Electives for minimum 4 weeks in each department are mandatory and
 a student can do maximum 8 weeks in a year. Students in third, fourth and fifth year of MBBS can be considered. Other cases may
 also be entertained at SCM's discretion.
- Only students who belong to an accredited WHO and PMDC recognized institute with a minimum of two years of clinical exposure will be entertained. An official letter from the parent institute will be required for eligibility. Preference will be given to students from the institute that has a reciprocal arrangement with Shifa College of Medicine.
- Students will be responsible for their own medical coverage.
- Students on elective at Shifa College/Hospital would be required to wear a white coat and display the College ID card at all times to identify them as a "visiting student". Without a card, the security personnel could challenge and stop you from entering the premises, or any part of the premises. Please obtain a card from the Student Affairs Office on arrival.
- Students will follow all the rules and regulations of Shifa College of Medicine and Shifa International Hospital specially the
 dress code. Although every effort would be made to make the elective an enjoyable experience, the Shifa College of Medicine
 and Shifa International Hospital would not be held liable for any mishap, experience and events that may directly or indirectly,
 physically or emotionally harm the "candidate" on or off the college or hospital premises during the course of the elective.
- The electives will be evaluated through the students elective log book which will be generic and will include expectations and outcomes. Student activity will be countersigned by the supervisor. Please obtain an elective log book from the Student Affairs Office on arrival.
- Please report to the Student Affairs Office on arrival and at the end of the elective.
- Application fee would be charged from external students which is:

Rs: 5000 for local student (4 weeks registration)

US\$: 200 for International student (4 weeks registration)

On approval, payment can only be made by sending a bank draft, payable to Shifa Tameer-e-Millat University.

External Student will be entertained on first come first serve basis. Preference will be given to Shifa Students if the time of electives of internal and external students is overlapping.

Declaration of Intent: I have read the rules and regulations and agree to concellective Committee /Administration may result in immediature of candidate:	mply with these. Failure to do so, as determined by the nediate cancellation of my elective and a failed grade. Date:	
TO BE COMPLETED BY ELECTIVE APPROVED DEPARTMENT:		
Application Received Date: (Day/Month/Year)	Approved: Yes No No	
Fee Category: Local Foreign	Recommendation Letter: Yes / No	
Mode of Payment: Cash (Receipt Number):	Draft Number:	
Approved Department:	Preceptor Name:	
Approved by App Preceptor: Adv	oroved by isor Student Affairs:	