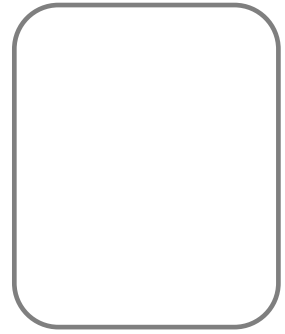




# SHIFA COLLEGE OF MEDICINE

NCBMS Tower, Near Federal Board Office, H-8/4, Islamabad, Pakistan  
Tel: +92-51-8493007 Email: [electives.scm@stmu.edu.pk](mailto:electives.scm@stmu.edu.pk)



## Elective Clinical Placement

Application Form for External Students

Date of Application:

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: *1<sup>st</sup> Choice* \_\_\_\_\_ *2<sup>nd</sup> Choice* \_\_\_\_\_ *3<sup>rd</sup> Choice* \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ 4 weeks  8 weeks   
(Day/Month/Year) (Day/Month/Year)

At the time of the elective, I will be in year \_\_\_\_\_ of a \_\_\_\_\_ year program.

### Documents (to be attached):

1. A letter of recommendation from the principal of the parent institution.
2. Three pictures (one passport size and two size of 1\*1).
3. Medical Fitness Certificate from a Registered Medical Practitioner.
4. Attach copy of Covid-19 Vaccination Certificate.
5. Attach proof of the following:
  - > Hepatitis B Surface Antigen
  - > HCV Antibody
  - > Hepatitis B Surface Antibody (A complete record of Hepatitis B vaccination required, if Hepatitis B Surface Antibody is non-reactive)

### TO BE COMPLETED BY APPLICANT'S SCHOOL

This is to certify that the above named student is in good standing and is authorized to take this elective at Shifa College of Medicine. The student **(WILL) (WILL NOT)** require a written evaluation at the conclusion of this elective. During the period of proposed elective student will be in \_\_\_\_\_ year of MBBS programme. His/Her expected date of graduation is \_\_\_\_\_ (month and year).

Signature of  
School Official: \_\_\_\_\_

Name & Title of  
School Official: \_\_\_\_\_

Parent Institution: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Please Affix School Seal**

**Hostel Accommodation:** Very limited accommodation is available. If you would like to apply for accommodation, please check the box below.

Yes

No

**For Official Use:**

Hostel Accommodation Approved: Yes  No

Room # \_\_\_\_\_

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**TO BE COMPLETED BY ELECTIVE APPROVED DEPARTMENT:**

Application Received Date: \_\_\_\_\_ Approved: Yes  No   
(Day/Month/Year)

Fee Category: Local Foreign Recommendation Letter: Yes / No

Mode of Payment: **Cash** (Receipt Number): \_\_\_\_\_ **Draft Number:** \_\_\_\_\_

Approved Department: \_\_\_\_\_ Preceptor Name: \_\_\_\_\_

Approved by \_\_\_\_\_ Approved by  
**Preceptor:** \_\_\_\_\_ **Advisor Student Affairs:** \_\_\_\_\_

- 
1. 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.
  2. Students will follow all the rules and regulations of Shifa College of Medicine and Shifa International Hospital, especially 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.
  3. The electives will be evaluated through the student's electives logbook which will be generic and will include expectations and outcomes. Student activity will be countersigned by the supervisor. Please obtain an elective logbook from the Student Affairs Office on arrival and submit at the end of electives to get the completion certificate.
  4. If the student misplaces his/her elective logbook, a fine of Rs. 1000/= will be charged for the issuance of the new logbook and certificate will be issued on the submission of electives Logbook to Student Affairs Office.
  5. Sudden changes in the dates of electives or changes of discipline from the student will not be entertained.
  6. Application processing fee of Rs. 1000 will be charged from local students.
  7. The electives registration charges for the duration of 4 weeks will be as follows:

**Rs. 5000 /- for local Students**

**US \$ 200 /-for International Students**

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

8. It is a mandatory requirement to attend the orientation session at Shifa International Hospital before the start of electives.

**Declaration of Intent:**

I have read the rules and regulations and agree to comply with these. Failure to do so, as determined by the Elective Committee /Administration may result in immediate cancellation of my elective and a failed grade.

Signature of candidate: \_\_\_\_\_

Date: \_\_\_\_\_