

# Shifa College of Medicine

## *Elective Policy for External Students*

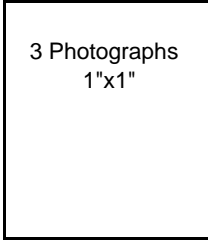
1. Students need to apply to the Office of Student Affairs (Electives), at least 4 weeks in advance specifying time frame of the electives. Only students in fifth year of MBBS may apply.
2. Students would require a letter of recommendation from their College, Dean or Principal, to support their application.
3. Students would indicate their choice of subjects and any alternatives on the application form from amongst the clinical rotations already completed.
4. Each elective would preferably begin on the 1<sup>st</sup> of a given solar month
5. The duration of each elective would be four weeks.
6. Sudden changes in the dates of electives or change of discipline will not be in order.
7. Students will be evaluated on a standard evaluation form and a record kept in file at the college. A copy would be mailed to the parent institution directly, if desired by the applicant.
8. 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 students”. 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.
9. Students will follow all the rules and regulations of Shifa College of Medicine and Shifa International Hospital. 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, hostel, or hospital premises during the course of the elective.
10. Students would indicate whether accommodation is desired. If hostel accommodation is used; a pre-determined fee would be paid in advance (depends on availability). A separate application should be submitted for hostel accommodation.  
  
*The college does not guarantee a place. Students would be responsible for their own food and medical coverage.*
11. Please report to the Student Affairs Office on arrival as well as when leaving.

**Elective** (for external students)

**Shifa College of Medicine & Shifa International Hospital**

Note: the application must be accompanied by :

- i. Application fee Rs. 2,000 (for national students)
- ii. Application fee \$100 (for foreign student) (Application fee is non refundable)
- iii. A letter of recommendation from the Principal of the College



1 Name \_\_\_\_\_ 2  M  F

3 S/O. D/O \_\_\_\_\_

2 Date of birth

4 National ID Card #      -        -

5 Medical College of the applicant: \_\_\_\_\_  
Address \_\_\_\_\_

6 Mailing Address \_\_\_\_\_  
\_\_\_\_\_ Tel. \_\_\_\_\_ Fax \_\_\_\_\_ email \_\_\_\_\_

7 Emergency contact person (s) \_\_\_\_\_  
\_\_\_\_\_ Tel. \_\_\_\_\_ Fax \_\_\_\_\_ email \_\_\_\_\_

8 Mailing Address (2) \_\_\_\_\_  
(Optional)

9 Time period desired: (Specify).....  4 weeks  8 weeks  
From \_\_\_\_\_ To \_\_\_\_\_

10 Subjects desired: Medicine, Surgery, Ob-Gyne, Paeds, Ophthalmology and Otolaryngology, Pathology

1st Choice	2nd Choice	3rd Choice
_____	_____	_____
Accommodation.....	<input type="checkbox"/> Not needed	<input type="checkbox"/> Needed *

\* a separate application must be filled to secure a place in the hostel. The college does not guarantee the availability of a place

Comments: \_\_\_\_\_

**Declaration of Intent:**

I have read the accompanying 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 \_\_\_\_\_

After completion please return this form to:  
Office of Student Affairs (Electives Section)  
**Shifa College of Medicine**  
Pitras Bokhari Road, Sector H-8/4, Islamabad - Pakistan  
Phone: 92-51-4446801-30 Ext. 3636,3371; email: studentaffairs@shifacollege.edu

**FOR OFFICE USE**

FOR OFFICE USE

Letter from Dean/Principal:

Received

Not Received

Date application received

\_\_\_\_\_

Advisor Student Affairs \_\_\_\_\_

Approved

Not Approved

Medical Director/  
Assistant Medical Director

\_\_\_\_\_

Comments

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