



AZIZ FATIMAH MEDICAL & DENTAL COLLEGE, FAISALABAD

Elective Application Form & Learning Agreement

STUDENT INFORMATION

Full Name	
Father's / Guardian's Name	
Roll Number / Registration Number	
Year of Study	
Program / Class	
Parent Medical College	
Contact Number	
Email Address	

ELECTIVE PLACEMENT DETAILS

Elective Type	Clinical <input type="checkbox"/> non-clinical <input type="checkbox"/> Mixed (2+2 Weeks) <input type="checkbox"/>
Duration of Elective	From _____ To _____ (Total 4 Weeks)
Proposed Host Institution	
Department / Specialty / Unit	
Supervisor's Name & Designation	
Mode of Learning	On-site <input type="checkbox"/> Hybrid <input type="checkbox"/> Research-Based <input type="checkbox"/>

PURPOSE & LEARNING OBJECTIVES

Please briefly describe the purpose of your elective and the expected learning outcomes.

Purpose of Elective:

INSTITUTIONAL RECOMMENDATIONS & APPROVALS

Authority	Signature & Stamp	Date
Parent College Focal Person		
Host Institution Supervisor		
Dean/Principal (Parent College)		
UHS Approval		

REQUIRED ATTACHMENTS

(Please Tick the Box)

CV

Academic Transcript

Motivation Letter

Health Clearance Certificate

Consent Form Parent/Guardian

Insurance Document (for overseas electives)

PROFESSIONAL & ETHICAL UNDERTAKING

I hereby declare that the information provided in this application form is true and correct to the best of my knowledge. I agree to maintain professional conduct, confidentiality, ethical behavior, and punctuality throughout the elective rotation. I further agree to abide by the policies and regulations of both the parent institution and the host institution.

Student Signature: _____

Date: _____