

Rehman Medical College
Application for Under-Graduate Visiting Students
Elective Program

Affix
Photograph

SECTION 'A': To be completed by the applicant.

Please Note: Incomplete form will not be processed.

Name: _____

Father Name: _____

Contact Address _____

Tel No: _____ Cell no: _____ Country of Origin: _____

E-mail: _____

Name and Address of current Institution: _____

Duration of Medical Program: _____ Class Currently Studying In: _____

REQUESTED DISCIPLINE (Rank in order of preference, the first preference ranked as 1)

1. _____ Requested Dates: _____

2. _____ Requested Dates: _____

Important Instructions:

- Students will be notified of the college decision before the commencement of the requested elective rotation.
- Applicants should note that submission of an application does not guarantee confirmation of your proposed electives.
- Students will be required to deposit Rs. 1,500/- in the following mentioned bank account upon confirmation of elective placement:
 - Account Title: REHMAN MEDICAL INSTITUTE PVT LTD (RMI)
 - Account No: 223819694
 - Branch Code: 0059
- Students only studying in MBBS 4th Year and Final Year are eligible to apply.
- Elective students will be required to pay for their health care if ill during their elective period.
- Elective students will be required to arrange their own accommodation/Food/Transport etc.
- The college reserves the right to amend the eligibility criteria or procedures as and when appropriate.
- Please attach the following documents to complete your application:
 - Two recent/current passport size color photographs
 - A copy of your CNIC
 - DMC/ Transcript of last Professional Examination
 - Letter of recommendation from the institution confirming your current status as a student.
 - Deposit Slip (upon approval of elective application)

Signature of Student with date: _____

SECTION 'B': Status of Application –To be completed by Concerned Head of Department RMI

Approved Not approved Discipline: _____

Duration(weeks) _____ Start Date: _____ End Date: _____

Name/Title of Concerned HOD: _____ Signature: _____

Approval by Principal RMC: Approved Not approved Signature: _____