University of Child Health Sciences, The Children's Hospital Lahore

Internship of Allied Health Professionals

In exercise of the powers conferred under section 5 (1) & (2) of the University of Child Health Sciences, Lahore act 2021 (XVIII of 2021), syndicate of the University of Child Health Sciences Lahore is pleased to approved the following program.

Short Title and Commencement:

1. This program shall be called "**Internship Program Allied Health Professional**" University of Child Health Sciences Lahore, 2024.
2. This program shall come into force at once.

Program Overview:

An internship is a professional learning experience that offers meaningful, practical work related to a student of Allied Health Professional field of study or career interest.

Eligibility:

- Internship is offered to both undergraduate/ post graduate students of Public Sector Schools/ Colleges/ Universities.
- Internship is offered to only postgraduate students of Allied Health Professionals of private sector school/ colleges/ universities.

Scope of program:

Internship shall be offered by following department of University of Child Health Sciences, The Children's Hospital, Lahore

- Paediatric Anesthesia
- Paediatric Cardiology
- Clinical Psychology
- Dentistry
- Radiology
- Paediatric Surgery
- Pathology
- Paediatric Neurology
- Paediatric Medicine
- Paediatric Gastroenterology
- Developmental
- Physiotherapy

Program activities:

Students will be offered hands on training under supervision in departments of their internship placement.

Duration and Schedule:

- Internships are provided throughout the year, typically for a span of 01-month, maximum of 01-year upon recommendation of HOD.
- Interns will follow the daily schedule as assigned by HOD/supervisor/instructor, participating in all scheduled activities without engaging in direct patient care.

Slots allotment

1. Presently approved paid seats are offered in following disciplines for the graduates of UCHS.
    a. MLT – 10 seats
    b. DPT – 10 Seats
    c. MIT – 08 Seats
2. Internship will be offered to all graduates of 12 disciplines.

It is expected that only a limited number of internship will be permitted at the institution, and their presence will only be allowed if it does not affect the education of students.

APPLICATION FOR INTERNSHIP PROCESS:

Interested individuals must submit an online application form at least two months prior to their preferred internship period till the availability of portal services application can be submitted directly to registrar office.

- Submission of an application does not guarantee confirmation of proposed internship.

Requirements for Application:
To apply for the program, the following documents are required:

1. **Passport-Size Photograph**: In JPEG format, with a maximum size of 2 MB.
2. **Identification**: CNIC/NICOP or relevant passport pages for international candidates.
3. **Application Form**: Completed and signed internship application form.
4. **Curriculum Vitae/ Resume**
5. **Academic and Experience certificates:** Provide all the relevant academic and experience certificates.
6. **Statement of purpose:** A one-page letter outlining the following information:
    - Desired dates of internship.
    - Specialty/sub-specialty where internship is intended
    - Detailed learning objectives to be achieved while internship
7. **Letter of recommendation/ Professional References**
8. **Application Processing Fee**: PKR-2000/- for non UCHS students national students or 50-USD/- for international students. This fee is non-refundable.
9. **Payment Details**: Application processing fee must be paid via bank deposit or online transfer to the following account at the time of application:
    - **Account Title**: UNIVERSITY OF CHILD HEALTH SCIENCES LAHORE
    - **Bank Name**: Bank of Punjab
    - **Branch Name & Code**: Model Town, Lahore
    - **Account #**: 6780282239600028
    - **IBAN #**: PK45 BPUN6780 2822 3960 0028

After submitting the fee, notify the Assistant Registrar Office by emailing **asst.registrar@uchs.edu.pk** with the payment confirmation.

Application Review:
The Internship Committee will review applications based on eligibility criteria and slots availability.

Confirmation:
Upon acceptance, our team will provide candidates with an acceptance letter and necessary on boarding paperwork, as well as request any additional documentation if needed.

Additional Information for Selected Applicants:

1. Students of private sector have to give payment of charges decided as
    a. Upto 1-month – PKR 10000/-
    b. Upto 3-months – PKR 20000/-

- **For National Student:** The criteria for fees will differ as determined by the university authorities according to the government of the Punjab's rules/ policy, which may change from time to time.
- **For international student:** international fees will also vary/ changed by the authorities according to the relevant policies.

2. Candidates are responsible for organizing their own living arrangements as we are unable to provide assistance with accommodation.
3. Observers must follow all the rules and regulations of University of Child Health Sciences including the Anti-Harassment Policy and Student Code of Conduct.
4. The University is not responsible or liable for any mishap or harm that may be caused directly or indirectly, on or off the University premises while the observer is on the placement.
5. Kindly note that we do not directly assist candidates in securing visas or complete visa application forms for observers.

Feedback and Evaluation:
At the conclusion of internship, an evaluation will be provided upon receipt of clearance from all sections. Interns are encouraged to provide feedback on their experience to help improve the program.

6. **Every student will be attached to department and consultant.**
7. **A certificate of attendance will be issued by the University.**
8. **Any of the applicant who has been recommended by the concerned department/ authority as electives/ observers/ externs etc of the program shall not claim to be students of UCHS/ Constituents Hospitals/ College/ Institute**

INTERNSHIP APPLICATION FORM

Please submit the completed application form along with required documents to: Department of Medical Education, University of Child Health Sciences, The Children's Hospital, Lahore, Pakistan.

Email: asst.registrar@uchs.edu.pk

Surname: _____ First Name: _____

Male/Female: _____ Date of Birth (dd/md/yyyy)_____

Nationality: _____ National ID / Passport No.:_____

Qualifications:_____

Address: _____

Phone number: _____ Email address: _____

Emergency Contact/Guardian Name: _____Relation: _____

Phone Number: _____

Name of Graduating institution:_____

Address of graduating institution: _____

Current Job and Title: _____

Internship choices in order of preference:

1st Choice: _____ 2nd Choice: _____ 3rd Choice: _____

UCHS reserves the right to accept / deny request for any subject for internship.

How many weeks do you intend to spend on internship at UCHS? _____

Have you already taken part in an internship Placement? ----------

If yes, where and when? _____

Reference

Please give details of atleast 01 academic/professional referees at your institution who are familiar with your performance and abilities.

Referee 1: Name: _____ Designation: _____

Email address: _____ Phone No.:_____

Referee 2: Name: _____ Designation: _____

Email address: _____ Phone No._____

DECLARATION:

I declare that the above information is a correct record.

Signature ..... Date: .....

Check List Please check when submitting your application that you enclose the following documents and /or their copies:

i. Complete application form
ii. CNIC / NICOP / Passport (first 2 pages)
iii. Letter of Recommendation
iv. A passport size photographs
v. Complete CV / Resume
vi. Statement of Purpose
vii. Proof of payment of application processing fee.
viii. Evidence of current/last employment.

Note: Scanned copy of the application form and required documents may also be submitted in pdf format. APPLICANT IS ADVISED TO RETAIN A COPY OF APPLICATION AND PROOF OF PAYMENT FOR FUTURE REFERENCE.



University of Child Health Sciences, The Children's Hospital Lahore

Externship Program 2024

In exercise of the powers conferred under section 5 (1) & (2) of the University of Child Health Sciences, Lahore Act 2021 (XVIII of 2021), Syndicate of the University of Child Health Sciences, Lahore is pleased to approve the following program:

SHORT TITLE & COMMENCEMENT: -

1. This program shall be called "externship program" University of Child Health Sciences Lahore, 2024.
2. This program shall come into force at once.

Program Overview:

This program offers both national and international medical an opportunity to gain limited and under-supervision experience in a pediatric-focused environment.

Eligibility Criteria:

Those candidates who have completed their graduation and house job.

Scope of Program:

The program provides opportunities for clinicians to rotate through various pediatric medical specialties, including but not limited to:

- **Pediatric Medicine and Allied sub-specialties**
- **Pediatric Surgery and Allied sub-specialties**
- **Pathology, Radiology and its sub-specialties**

Program Activities:

- **Clinical Observation:** Observing patient consultations, rounds, and procedures with limited hands on under supervision.
- **Educational Sessions:** Attending departmental meetings, case discussions, conferences and educational seminars. Participating in surgical skills lab activities.
- **Research Observation:** Observing ongoing clinical research projects and methodologies within the hospital.

Note: Externs will have limited hands on training under supervisor only. The following activities are not permissible for externship:

- Externs may not see or interact with patients individually.
- Externs may not examine patients on their own without any supervision.

Duration and Schedule:

Externship are offered throughout the year for a minimum duration of 2-6 weeks that can extend up to 2-months depending upon the availability of slot and performance.

Rotation starts at the start of each calendar month throughout the year.

Slot Allotment:

Maximum 3 slots available.

EXTERNSHIP APPLICATION PROCESS:

Application Submission:

Interested individuals must submit an online application form at least two months prior to their preferred externship period till the availability of portal services application can be submitted directly to registrar office.

- Submission of an application does not guarantee confirmation of proposed externship.

Requirements for Application:

To apply for the program, the following documents are required:

1. **Passport-Size Photograph**: In JPEG format, with a maximum size of 2 MB.
2. **Identification**: CNIC/NICOP or relevant passport pages for international candidates.
3. **Application Form**: Completed and signed externship application form.
4. **Curriculum Vitae/Resume**
5. **Academic and Experience certificates:** Provide the entire relevant academic and experience certificates.
6. **Statement of purpose:** A one-page letter outlining the following information:
    - Desired dates of externship.
    - Specialty/sub-specialty where internship is intended.
    - Detailed learning objectives to be achieved during placement.
7. **Letter of recommendation/ Professional References**
8. **Application Processing Fee**: PKR-2000/- for national students or 50-USD/- for international students. This fee is non-refundable.
9. **Payment Details**: Application processing fee must be paid via bank deposit or online transfer to the following account at the time of application:
    - **Account Title**: UNIVERSITY OF CHILD HEALTH SCIENCES LAHORE
    - **Bank Name**: Bank of Punjab
    - **Branch Name & Code**: Model Town, Lahore
    - **Account #**: 6780282239600028
    - **IBAN #**: PK45 BPUN6780 2822 3960 0028

After submitting the fee, notify the Assistant Registrar Office by emailing**asst.registrar@uchs.edu.pk** with the payment confirmation.

Application Review:

The Committee will review applications based on eligibility criteria and slots availability.

Confirmation:

Upon acceptance, our team will provide candidates with an acceptance letter and necessary onboarding paperwork, as well as request any additional documentation if needed.

Additional Information for Selected Applicants:

- Upon selection, the following requirements must be met:
  - Externship fee:
    - For UCHS Graduates Rs. 5000
    - For Public Sector Institutes: Rs.10000
    - For Private Sector Institutes: Rs 25000
    - For International students: $200USD

  Note: If an extension beyond 4-weeks is granted, fee will be doubled.

  Fee must be paid via bank deposit or online transfer to the same account listed above. Confirmation of this payment must be sent to **asst.registrar@uchs.edu.pk.**

- Candidates are responsible for organizing their own living arrangements as we are unable to provide assistance with accommodation.

- Externs must follow all the rules and regulations of University of Child Health Sciences including the Anti-Harassment Policy and Student Code of Conduct.

- The University is not responsible or liable for any mishap or harm that may be caused directly or indirectly, on or off the University premises while the extern is on the placement.

- Kindly note that we do not directly assist candidates in securing visas or complete visa application forms for externs.

Feedback and Evaluation:

At the conclusion of externship, an evaluation will be provided upon receipt of clearance from all sections. Externs are encouraged to provide feedback on their experience to help improve the program.

- **Every student will be attached to department and consultant.**
- **A certificate of attendance will be issued by the University.**
- **Any of the applicant who has been recommended by the concerned department/ authority as electives/ observers/ externs etc of the program shall not claim to be students of UCHS/ Constituents Hospitals/ College/ Institute**

EXTERNSHIP APPLICATION FORM

Please submit the completed application form along with required documents to: Department of Medical Education, University of Child Health Sciences, The Children's Hospital, Lahore, Pakistan.

Email: asst.registrar@uchs.edu.pk

Surname: _____ First Name: _____

Male/Female: _____ Date of Birth (dd/md/yyyy)_____

Nationality: _____ National ID / Passport No.:_____

PMC/PMDC No. _____ Qualifications: _____

Address:

_____

_____

Phone number: _____ Email address: _____

Emergency Contact/Guardian Name: _____Relation: _____

Phone Number: _____

Name of Graduating institution:_____

Address of Graduating institution: _____

Current Job and Title: _____

Externship choices in order of preference:

1st Choice: _____ 2nd Choice: _____ 3rd Choice: _____

UCHS reserves the right to accept / deny request for any subject for externship.

How many weeks do you intend to spend on externship at UCHS? _____

Have you already taken part in an Externship Placement? _____

If yes, where and when? _____

Reference

Please give details of atleast 01 academic/professional referees at your institution who are familiar with your performance and abilities.

Referee 1: Name: _____ Designation: _____

Email address: _____ Phone No.: _____

Referee 2: Name: _____ Designation: _____

Email address: _____ Phone No. _____

DECLARATION:

I declare that the above information is a correct record.

Signature ..... Date: .....

Check List Please check when submitting your application that you enclose the following documents and /or their copies:

i. Complete application form
ii. CNIC / NICOP / Passport(first 2 pages)
iii. All the relevant Academic and Professional certificates along with PMC/PMDC registration certificate.
iv. Letter of Recommendation
v. A passport size photographs
vi. Complete CV / Resume
vii. Statement of Purpose
viii. Proof of payment of application processing fee.
ix. Evidence of current/last employment.

Note: Scanned copy of the application form and required documents may also be submitted in pdf format. APPLICANT IS ADVISED TO RETAIN A COPY OF APPLICATION AND PROOF OF PAYMENT FOR FUTURE REFERENCE.



University of Child Health Sciences, The Children's Hospital Lahore

Observership Program 2024

In exercise of the powers conferred under section 5 (1) &(2) of the University of Child Health Sciences, Lahore Act 2021 (XVIII of 2021), Syndicate of the University of Child Health Sciences, Lahore is pleased to approve the following program:

SHORT TITLE & COMMENCEMENT: -

1. This program shall be called "Observership Program" University of Child Health Sciences Lahore, 2024.
2. This program shall come into force at once.

Program Overview: -

Observership Program at the University of Child Health Sciences, The Children's Hospital, Lahore, is a structured educational initiative designed to provide healthcare professionals, and researchers with the opportunity to observe clinical practices, patient care, and medical procedures within a pediatric healthcare setting. This program allows participants to gain insight into pediatric specialties, enhance their medical knowledge, and understand the functioning of a tertiary care hospital without engaging in direct patient care or hands-on clinical activities.

Eligibility: -

- Qualified physicians/ doctors, who wish to enhance their understanding of pediatric healthcare practices.

Scope of Program: -

The program provides opportunities to observe through various pediatric specialties, including but not limited to:

- **Pediatric Medicine and Allied sub-specialties**
- **Pediatric Surgery and Allied sub-specialties**
- **Pathology, Radiology and its sub-specialties**

It is expected that only a limited number of observers will be permitted at the institution, and their presence will only be allowed if it does not affect the education of students or residents.

Program Activities:

- **Clinical Observation**: Observing patient consultations, rounds, and procedures.

- **Educational Sessions**: Attending departmental meetings, case discussions, conferences and educational seminars. Participating in surgical skills lab activities.
- **Research Observation**: Observing ongoing clinical research projects and methodologies within the hospital.

Note: Observers may not provide any clinical care, surgical care or medical advice to patients. The following activities are not permissible for observership:

- Observers may not see or interact with patients individually.
- Observers may not examine patients in any way, write in/on charts, or provide medical care, surgical care or give medical advice to patients.

Duration and Schedule:

- Observer ships are provided throughout the year, typically for a span of 2-6weeks, maximum of 12 weeks upon recommendation of HOD.
- Observers will follow the daily schedule as assigned by HOD/supervisor/Instructor, participating in all scheduled activities without engaging in direct patient care.

SLOT ALLOTMENT:

- Maximum 3 per unit.

A period of observation is not intended to be a formal training program, therefore no official institutional training certification for the period of observership will be provided though upon successful completion of an observership program, observer will receive a certificate of attendance.

OBSERVERSHIP APPLICATION PROCESS:

Application Submission:

Interested individuals must submit an online application form at least two months prior to their preferred observership period till the availability of portal services application can be submitted directly to registrar office.

- Submission of an application does not guarantee confirmation of proposed observership.

Requirements for Application:

To apply for the program, the following documents are required:

1. **Passport-Size Photograph**: In JPEG format, with a maximum size of 2 MB.
2. **Identification**: CNIC/NICOP or relevant passport pages for international candidates.
3. **Application Form**: Completed and signed observership application form.
4. **Curriculum Vitae**: Resume
5. **Academic and Experience certificates:** Provide all the relevant academic and experience certificates.
6. **Statement of purpose:**A one-page letter outlining the following information:
    - Desired dates of observer ship.
    - Specialty/sub-specialty to be observed
    - Detailed learning objectives to be achieved while observing
7. **Letter of recommendation/ Professional References**
8. **Application Processing Fee**: PKR-2000/- for national students or 50-USD/- for international students. This fee is non-refundable.
9. **Payment Details**: Application processing fee must be paid via bank deposit or online transfer to the following account at the time of application:
    - **Account Title**: UNIVERSITY OF CHILD HEALTH SCIENCES LAHORE
    - **Bank Name**: Bank of Punjab
    - **Branch Name & Code**: Model Town, Lahore
    - **Account #**: 6780282239600028
    - **IBAN #**: PK45 BPUN6780 2822 3960 0028

After submitting the fee, notify the Assistant Registrar Office by emailing**asst.registrar@uchs.edu.pk** with the payment confirmation.

Application Review:

The Observership Committee will review applications based on eligibility criteria and slots availability.

Confirmation:

Upon acceptance, our team will provide candidates with an acceptance letter and necessary onboarding paperwork, as well as request any additional documentation if needed.

Additional Information for Selected Applicants:

- No fee will be charged except processing fee.
- Candidates are responsible for organizing their own living arrangements as we are unable to provide assistance with accommodation.
- Observers must follow all the rules and regulations of University of Child Health Sciences including the Anti-Harassment Policy and Student Code of Conduct.
- The University is not responsible or liable for any mishap or harm that may be caused directly or indirectly, on or off the University premises while the observer is on the placement.
- Kindly note that we do not directly assist candidates in securing visas or complete visa application forms for observers.

Feedback and Evaluation:
At the conclusion of observership, an evaluation will be provided upon receipt of clearance from all sections. Observers are encouraged to provide feedback on their experience to help improve the program.

- **Every student will be attached to department and consultant.**
- **A certificate of attendance will be issued by the University.**
- **Any of the applicant who has been recommended by the concerned department/ authority as electives/ observers/ externs etc of the program shall not claim to be students of UCHS/ Constituents Hospitals/ College/ Institute**

OBSERVERSHIP APPLICATION FORM

Please submit the completed application form along with required documents to: Department of Medical Education, University of Child Health Sciences, The Children's Hospital, Lahore, Pakistan.

Email: asst.registrar@uchs.edu.pk

Surname: _____ First Name: _____

Male/Female: _____ Date of Birth (dd/md/yyyy) _____

Nationality: _____ National ID / Passport No.: _____

PMC/PMDC No. _____ Qualifications: _____

Address:

_____

_____

Phone number: _____ Email address: _____

Emergency Contact/Guardian Name: _____ Relation: _____

Phone Number: _____

Name of Graduating institution: _____

Address of Graduating institution: _____

Current Job and Title: _____

Observership choices in order of preference:

1st Choice: _____ 2nd Choice: _____ 3rd Choice: _____

UCHS reserves the right to accept / deny request for any subject for observership.

How many weeks do you intend to spend on Observership at UCHS? _____

Have you already taken part in an Observership Placement? ----------

If yes, where and when? _____

Reference

Please give details of atleast 01 academic/professional referees at your institution who are familiar with your performance and abilities.

Referee 1: Name: _____ Designation: _____

Email address: _____ Phone No.: _____

Referee 2: Name: _____ Designation: _____

Email address: _____ PhoneNo. _____

DECLARATION:

I declare that the above information is a correct record.

Signature ..... Date: .....

Check List Please check when submitting your application that you enclose the following documents and /or their copies:

i. Complete application form
ii. CNIC / NICOP / Passport(first 2 pages)
iii. All the relevant Academic and Professional certificates along with PMC/PMDC registration certificate.
iv. Letter of Recommendation
v. A passport size photographs
vi. Complete CV / Resume
vii. Statement of Purpose
viii. Proof of payment of application processing fee.
ix. Evidence of current/last employment.

Note: Scanned copy of the application form and required documents may also be submitted in pdf format. APPLICANT IS ADVISED TO RETAIN A COPY OF APPLICATION AND PROOF OF PAYMENT FOR FUTURE REFERENCE.

PROFESSOR SAMINA ZAMAN
Professor of Paediatric Radiology
Chairperson Radiology Department
Dean Basic Medical Sciences
University of Child Health Sciences
The Children's Hospital-Lahore

University of Child Health Sciences, The Children's Hospital Lahore

Clinical Elective Program 2024

In exercise of the powers conferred under section 5 (1) & (2) of the University of Child Health Sciences, Lahore Act 2021 (XVIII of 2021), Syndicate of the University of Child Health Sciences, Lahore is pleased to approve the following program:

SHORT TITLE & COMMENCEMENT: -

1. This program shall be called "Clinical Elective Program" University of Child Health SciencesLahore, 2024.
2. This program shall come into force at once.

Program Overview:

This program offers both national and international medical students an opportunity to gain limited and under-supervision experience in a pediatric-focused environment.

By offering a diverse range of clinical experiences, fostering professional growth, and promoting values of compassion and excellence in pediatric healthcare, the clinical elective program at the University of Child Health Sciences aims to prepare students for successful careers in pediatric medicine and child health.

Eligibility Criteria:

Students enrolled at an accredited WHO and PMDC or regulatory body of relevant country is eligible to apply.

Note: Students who have already written their final year Prof. exam are not eligible to apply for electives.

Scope of Program:

The program provides opportunities for students to rotate through various pediatric medical specialties, including but not limited to:

- **Pediatric Medicine and Allied sub-specialties**
- **Pediatric Surgery and Allied sub-specialties**
- **Pathology, Radiology and its sub-specialties**

It is expected that only a limited number of clinical elective will be permitted at the institution, and their presence will only be allowed if it does not affect the education of students or residents.

Program Activities:

- **Clinical Observation**: Observing patient consultations, rounds, and procedures.
- **Educational Sessions**: Attending departmental meetings, case discussions, conferences and educational seminars. Participating in surgical skills lab activities.
- **Research Observation**: Observing ongoing clinical research projects and methodologies within the hospital.

Note: Students may not provide any clinical care, surgical care or medical advice to patients. The following activities are not permissible for clinical electives:

- Students may not see or interact with patients individually.
- Students may examine patients under supervision but are not allowed to write in/on charts, or provide medical care, surgical care or give medical advice to patients.

Duration and Schedule:

Electives are offered throughout the year for a minimum duration of 2-6 weeks that can extend up to 2-months depending upon the availability of slot and performance.

Rotation starts at the start of each calendar month throughout the year.

Slot Allotment:

- Maximum 3 slots for Each Units.

Elective Application Process:

The elective application form has two sections:

1. **Verification Form from School/Institution**: To be completed by the Principal/ Registrar/ Dean or designated officer of parent intuition.
2. **Application for Electives 2024**: This form is submitted online along with required documents or to the office of assistant registrar.

Application Submission:

Interested individuals must submit an online application form at least two months prior to their preferred elective period. Till the availability of portal services, application can be submitted directly to registrar office.

- Submission of an application does not guarantee confirmation of proposed electives.

Requirements for Application:

To apply for the elective program, the following documents are required:

1. **Passport-Size Photograph**: In JPEG format, with a maximum size of 2 MB.
2. **Identification**: CNIC/NICOP or relevant passport pages for international students.
3. **Academic Transcripts**: Mark sheets or transcripts of all professional or semester examinations.
4. **Application Processing Fee**: PKR-2000/- for national students or 50-USD/- for international students. This fee is non-refundable.
5. **Payment Details**: Application processing fee must be paid via bank deposit or online transfer to the following account:
    - **Account Title**: UNIVERSITY OF CHILD HEALTH SCIENCES LAHORE
    - **Bank Name**: Bank of Punjab
    - **Branch Name & Code**: Model Town, Lahore
    - **Account #**: 6780282239600028
    - **IBAN #**: PK45 BPUN6780 2822 3960 0028

After submitting the fee, notify the Assistant Registrar Office by emailing**asst.registrar@uchs.edu.pk** with the payment confirmation.

Application Review:

The elective Committee will review applications based on eligibility criteria and slots availability.

Confirmation:

Successful applicants will receive confirmation of their elective placement via email/call, along with program details and guidelines.

Additional Information for Selected Applicants:

Upon selection, the following requirements must be met:

1. Elective fee:

- For Public Sector Institutes: No fee
- For Private Sector Institutes: Rs 15000
- For International students: $200USD

If an extension beyond 4-weeks is granted, fee will be doubled.

Fee must be paid via bank deposit or online transfer to the same account listed above. Confirmation of this payment must be sent to **asst.registrar@uchs.edu.pk.**

2. Students must follow all the rules and regulations of University of Child Health Sciences including the Student Anti-Harassment Policy and Student Code of Conduct.

3. The University is not responsible or liable for any mishap or harm that may be caused directly or indirectly, on or off the University premises while the student is on the elective placement.
4. Kindly note that we do not directly assist candidates in securing visas or complete visa application forms.

Feedback and Evaluation:

At the conclusion of electives, an evaluation will be provided upon receipt of clearance from all sections. Students are encouraged to provide feedback on their experience to help improve the program.

- **Every student will be attached to department and consultant.**
- **A certificate of attendance will be issued by the University.**
- **Any of the applicant who has been recommended by the concerned department/ authority as electives/ observers/ externs etc of the program shall not claim to be students of UCHS/ Constituents Hospitals/ College/ Institute**

CLINICAL ELECTIVE APPLICATION FORM

Please submit the completed application form along with required documents to: Department of Medical Education, University of Child Health Sciences, The Children's Hospital, Lahore, Pakistan.

Email: asst.registrar@uchs.edu.pk

Surname: _____ First Name: _____

Male/Female: _____ Date of Birth (dd/md/yyyy)_____

Nationality: _____ National ID / Passport No.:_____

PMC/PMDC No._____ Qualifications:_____

Address:

_____

_____

Phone number: _____ Email address: _____

Emergency Contact/Guardian Name: _____Relation: _____

Phone Number: _____

Name of Graduating institution:_____

Address of Graduating institution: _____

Clinical Elective choices in order of preference:

1st Choice: _____ 2nd Choice: _____ 3rd Choice: _____

UCHS reserves the right to accept / deny request for any subject for Clinical elective.

How many weeks do you intend to spend on clinical elective at UCHS? _____

Have you already taken part in an Clinical Elective Placement? ----------

If yes, where and when? _____

Reference

Please give details of atleast 01 academic/professional referees at your institution who are familiar with your performance and abilities.

Referee 1: Name: _____ Designation: _____

Email address: _____ Phone No.:_____

Referee 2: Name: _____ Designation: _____

Email address: _____ PhoneNo._____

DECLARATION:

I declare that the above information is a correct record.

Signature ..... Date: .....

Check List Please check when submitting your application that you enclose the following documents and /or their copies:

i. Complete application form
ii. CNIC / NICOP / Passport(first 2 pages)
iii. All the relevant Academic and Professional certificates along with PMC/PMDC registration certificate.
iv. Letter of Recommendation
v. A passport size photographs
vi. Complete CV / Resume
vii. Statement of Purpose
viii. Proof of payment of application processing fee.
ix. Evidence of current/last employment.

Note: Scanned copy of the application form and required documents may also be submitted in pdf format. APPLICANT IS ADVISED TO RETAIN A COPY OF APPLICATION AND PROOF OF PAYMENT FOR FUTURE REFERENCE.

VERIFICATION FROM INSTITUTION

To be completed by PRINCIPAL or REGISTRAR of Student's School/College/University

Name of Student: _____

Has the student completed following basic clinical rotations (*please check [✓] the completed rotations)?*

___ Medicine ___ Pediatrics ___Dermatology ___ Anesthesia ___ Ophthalmology

___ Surgery ___ Psychiatry ___ Otolaryngology ___ Orthopedics ___ Obstetrics & Gynecology

General Assessment of Academic and Clinical ability:

☐ Below Average ☐ Average ☐ Above Average ☐ Outstanding

Student proficiency in English: **Written:** ☐ Fair / ☐ Good **Spoken:** ☐ Fair ☐ Good

Yes	No	
☐	☐	The student is approved to take this elective.
☐	☐	The student is in good standing at this institution.
☐	☐	The student will be covered by health and malpractice insurance through this institution.
☐	☐	Has student been involved in disciplinary issues?
☐	☐	Student understands that in case of illness or health related emergency or issue, the liability of care and payment will be on the parent institution of student.
☐	☐	Student understands that acting against code of conduct leads to immediate termination of elective.
☐	☐	An evaluation report will be required at the end of the electives. During the period of elective, student will be in _____ year of MBBS program. His / Her expected date of final year examination is _____ (month and year).

Signature: _____ Date: _____

Name: _____

Title: _____

E-mail: _____ Phone number _____

Address: _____

Institution Seal:

