

Instructions

1. Complete the given application and submit to mededtalks@tuf.edu.pk
2. submissions should not be any later than 30th June 2026.
3. duration of electives will be 2 weeks (between 1st July-18th July 2026)
4. fields electives are offered in at MTH:
 1. Medicine
 2. Surgery
 3. Gynecology & Obstetrics
 4. Pediatrics
 5. Plastic Surgery
 6. Dermatology
 7. Urology
 8. Clinical laboratory and blood bank
 9. Orthopedics
 10. Pediatric and neonatal surgery
9. fill out this form by typing in word file please and scan relevant documents.
You will be informed of your placement by 30th June 2026.
10. print the elective logbook and portfolio given to your rotation when starting

Electives Application

(To be completed in triplicate: Student copy, Parent College copy, UMDC copy)

Section A: Student Information

- Full Name: _____
- Father's Name: _____
- Roll Number / Registration Number: _____
- Year of Study: _____
- Parent Medical College: _____
- Contact Number: _____
- Email Address: _____

Section B: Elective Details

- Elective Type: Clinical Non-Clinical Mixed (1+1weeks)
- Duration: From _____ to _____ (total 2 weeks)
- Proposed Host Institution: _____
- Department / Specialty / Unit: _____
- Supervisor's Name & Designation (if known): _____

Section C: Required Attachments

- CV
- Academic Transcript
- Motivation Letter (*Attach a one-page Motivation Letter outlining your reasons for choosing this elective and expected learning outcomes.*)
- Health Clearance Certificate
- Consent Form (Parent/Guardian)
- Insurance Document (for overseas electives)

Section E: Learning Agreement

The undersigned agree to the following terms for the elective period:

1. **Student Responsibilities:** Attend regularly, follow institutional policies, maintain professionalism, complete logbook and report.
2. **Host Institution Responsibilities:** Provide supervised learning opportunities, mentorship, feedback, and certificate of completion.
3. **Parent College Responsibilities:** Facilitate application, maintain communication with host institution, ensure student preparedness.

Signatures:

- Student: _____ Date: _____
- Parent College Focal Person: _____ Date: _____
- Host Institution Supervisor: _____ Date: _____
- Dean/Principal (Parent College): _____ Date: _____

