



## **ELECTIVE / EXTERNSHIP APPLICATION FORM (Pre-University / Pre-medical)**

Please submit the completed application form along with required documents to:  
Student Affairs Department, CMH Lahore Medical College & Institute of Dentistry, Lahore, Pakistan.  
Email: info@cmhlahore.edu.pk

**Surname:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Male/Female:** \_\_\_\_\_ **Date of Birth (dd/md/yyyy):** \_\_\_\_\_

**Nationality:** \_\_\_\_\_ **National ID / Passport No.:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone number:** \_\_\_\_\_ **Email address:** \_\_\_\_\_

**Parent / Guardian Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Name of home institution:** \_\_\_\_\_

**Address of home institution:** \_\_\_\_\_  
\_\_\_\_\_

**Program and year of study:** \_\_\_\_\_

**Date (month/year) you commenced program of study:** \_\_\_\_\_

**Date (month/year) of expected graduation / program completion:** \_\_\_\_\_

### **English Proficiency**

**Mother tongue:** \_\_\_\_\_ **Other languages spoken:** \_\_\_\_\_

**Language of instruction at home institution:** \_\_\_\_\_

**If instruction not in English, any English test taken e.g. TOEFL, IELTS, other:** \_\_\_\_\_

**Date of test:** \_\_\_\_\_ **Score achieved:** \_\_\_\_\_

**Reference**

Please give details of 02 academic referees at your institution who are familiar with your academic performance and abilities. Attach a signed and stamped letter of recommendation from each.

**Referee 1:** Name: \_\_\_\_\_ Designation: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

**Referee 2:** Name: \_\_\_\_\_ Designation: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

**List 03 Elective / Externship subject choices in order of preference (Please refer to institutional website for a list of the available subjects in which electives / externships are being offered)**

1<sup>st</sup> Choice: \_\_\_\_\_ 2<sup>nd</sup> Choice: \_\_\_\_\_ 3<sup>rd</sup> Choice: \_\_\_\_\_

CMH LMC IOD reserves the right to accept / deny request for any subject for electives / externship.

How many weeks do you intend to spend on Electives / Externship at CMH LMC IOD? \_\_\_\_\_

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

If yes, where and when? \_\_\_\_\_

**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.	Completed application form	
ii.	CNIC / NICOP / Passport	
iii.	Official letter of enrolment from home institution	
iv.	Marksheets / Transcripts	
v.	Reference letters	
vi.	04 passport size photographs with name on the back of each.	
vii.	Evidence of English language proficiency	
viii.	CV / Resume	
ix.	Statement of Purpose	
x.	Proof of payment of application processing fee	

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**