



Sialkot Medical College Sialkot

Elective Training Request Form

1. Name: _____
2. Father's / Mother's Name: _____
3. Date of Birth: _____
4. Nationality: _____
5. Gender: _____
6. Postal Address: _____

7. Contact No.: _____
8. Emergency Contact Person: _____
9. Emergency Contact Number: _____
10. Email Address: _____
11. Institute From: _____
12. Student Year: _____
13. Choice of Elective Department: _____
14. Starting Date: _____
15. Ending Date: _____
16. Declaration

I, Mr. /Ms. _____ Son/Daughter of _____ CNIC No / Passport No. _____,
solemnly affirm and declare that the above information is correct. I will abide by all the rules & regulations
of Sialkot Medical College. Medical College and will not engage myself in any antisocial, anti-Government,

anti-Pak army, anti-judiciary or anti SMC's activities. I will not take part in any Criminal, Political, Sectorial, Religious activities which can cause law & order situation.

17. Signature of Student: _____ Dated: _____

18. Hostel accommodation required: YES / NO

19. Signature of Incharge Student Affairs: _____

20. Recommendation / Not recommended by HoD of the department: _____

21. Director Training: _____

22. Principal: _____

23. Documents required

- a. PP sized Pics _____ 4
- b. Letter of NOC / Recommendation from the Head of Institution where he/she is studying.
- c. Copy of Result of last Professional Exam.
- d. Visa / Passport (If applicable).
- e. CNIC.