

ANNEXURE-I

ELECTIVE APPLICATION FORM

Student Name	
Father Name	
College Roll No	
UHS Registration No	
CNIC	
Program/Year/Session	
PROPOSED ELECTIVE TITLE	
Student Institution	
Host Institution	
Duration	
Student Signatures	
Principal Signature & Stamp	

Seena Yusuf

AVAILABLE SEATS FOR ELECTIVES

Sr. No.	Clinical Departments	Seats
1.	ENT Department	02
2.	Plastic Surgery Department	02
3.	Pediatric Surgery	15
4.	Medicine Department	10
5.	Pediatric Medicine	05
6.	Gynecology & Obstetric Department	10
7.	Surgery	10 (05 Unit I + 05 Unit II)
8.	Nephrology	05
9.	Urology	Nil
10.	Ophthalmology	10
11.	Anesthesia	00
12.	Orthopedic Surgery	10
13.	Neurosurgery	00
14.	Neurology	00
15.	Dermatology	02
16.	Pulmonology	05
17.	Cardiology	00
18.	Radiology	10