

OBSERVERSHIP FORM

Name: _____ Father Name: _____

Contact#: _____ Email: _____

Date of birth: _____ Blood Group: _____

Address: _____

Medical College/ Institute: _____

Completion date of graduation: _____

Observership Time period (not longer than 1 month):

From _____ To _____

Desired Specialty/Sub Specialty

Choice 1: _____

Choice 2: _____

Date: _____ Signature of Applicant: _____

For Office Use:

Head of Department

Director Academics & HPE

Comments by Office of Academics & HPE:

Required Documents:

- Resume
- Copy of MBBS Degree/ Latest Transcript
- Copy of Valid PMC Certificate (optional)
- 1 CNIC Copy
- 1 Passport size picture.
- Processing Fee Rs.4,000/- (Per month) For Foreign Students Rs. 8,000/-
*(No cash payments are allowed. Payment should be submitted to the cash counter and submit the payment receipt along with the required documents to MSA Department)