

## 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: \_\_\_\_\_

Choice 3: \_\_\_\_\_

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)