

KING EDWARD MEDICAL UNIVERSITY, LAHORE.

**The Vice Chancellor,
King Edward Medical University,
Lahore.**

**SUBJECT: REQUEST FOR ELECTIVE ROTATION FOR FCPS PART II TRAINEES/ MS,
MD, MDS.**

Respected Sir,

I have been enrolled in _____ program vide order No. _____ Dated _____. Now I want to apply for extension in following elective rotations. Kindly issue me orders for the extension of said elective rotation.

Ward/Unit	From (Date)	To (Date)	Duration

Name -----

PGR -----

Specialty/Session

Signature-----

Recommended by Supervisor _____

1. Recommended by concerned incharge of elective rotation unit _____

2. Recommended by concerned incharge of elective rotation unit _____

3. Recommended by concerned incharge of elective rotation unit _____