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.

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<th>Ward/Unit</th>
<th>From (Date)</th>
<th>To (Date)</th>
<th>Duration</th>
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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 ____________________

Name -----------------------------
PGR -----------------------------

Specialty/Session

Signature--------------------------