



POSTGRADUATE MEDICAL CENTRE

Liaquat University of Medical & Health Sciences
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ISO 9001:2008 CERTIFIED
"SAY NO TO CORRUPTION"

To

The Director
Postgraduate Medical Centre
LUMHS, Jamshoro

SUBJECT: REQUEST FOR ELECTIVE ROTATION AT WARD/ DEPARTMENT.

Respected Sir/Madam

With due respect I want to state that I _____ have been enrolled in _____ Course vide order No. _____ Dated: _____.

Now I want to apply for elective rotation at _____ Ward/ department for the duration of _____ month/s from _____ to _____.

Kindly issue me office order for the said Elective rotation.

Name: _____

Date: _____

Signature: _____

Recommended by Supervisor: _____

Signature with Stamp: _____