

FATIMA JINNAH INSTITUTE OF DENTAL SCIENCES LAHORE

No. 4094 /FJIDS, LHR

Dated 08/12 /2025



POLICY ON RESEARCH ELECTIVE PROJECT FOR STUDENTS

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Lahore



Medical Education Department
DME - RESEARCH CELL
Fatima Jinnah Institute of Dental Sciences Lahore



Institutes Policy on **Research Elective Project for Students**

Students enrolled at FJIDS may undertake research electives at recognized national or international dental schools, universities, or hospitals. The policy governing these research electives is the same as the policy for clinical electives, and such electives must be completed during official vacation periods.

Additionally, students from other institutions are welcome to apply for research electives at FJIDS through the Electives, Externships, and Observership Program.

Applicants are required to submit a cover letter outlining their area of research interest and the discipline they wish to explore. Research electives will be offered based on the availability of projects within the applicant's identified area of interest.

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Students opt for electives both nationally and internationally, as placement in electives allows students to gain better insight about their potential career paths and enable them to participate in research. In addition, such opportunities also help them witness new treatment/interventions and practices. In lieu of the above aim, any student who wants to grow academically and is interested in developing professional connections is facilitated to get placement for electives within or outside the FJIDS. All electives within FJIDS is open only for 3rd and Final Year BDS students. However, Research Elective option is available for all the BDS students from year one to final year.

PROTOCOL FOR STUDENT ELECTIVES AT FJIDS

Electives within FJIDS for third & final Year BDS

- a) Student should contact Student's Section of FJIDS.
- b) Submit application with purpose statement of 250 words.
- c) The decision of management of FJIDS is final and is subject to availability of an elective position in the identified specialty.

Electives outside FJIDS for 1st to Final Year BDS

- a) Student should contact Dean's office through Student's Section.
- b) Submit application with purpose statement of 250 words.
- c) Submit acceptance letter by host hospital/college for the elective.
- d) Role of home institution is to process the acceptance letter and facilitate students in securing an elective position by providing a recommendation letter.
- e) Submit details of time/place/position/specialty/supervisor/course objectives regarding the elective program.
- f) FJIDS will only provide letter of recommendation/referral. No TADA/ Payment would be made.
- g) No compensation will be allowed to the students.

Note: While utmost care has been taken in formulation of these policies to ensure that they are in accordance with the policies of government of Punjab and SHC&ME department. In case of any disparity, the policies laid out by government of Punjab and SHC&ME department shall be considered as final and followed.



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Elective /Observer-ship
Application Form for External Students
(UG/PG)

Date of Application:	Program: <input type="checkbox"/> Undergraduate <input type="checkbox"/> PG	
Bio Data (to be filled by Applicant)		
Name of Candidate:	Gender (encircle): Male / Female	
Father Name:	CNIC:	
Date of Birth:	Nationality:	
Postal Address:		
Email Address:	Telephone/Mobile #	#(in case of emergency)
Department Selected for Electives at		
<ul style="list-style-type: none">○ Oral & Maxillofacial Surgery○ Prosthodontics○ Operative Dentistry○ Orthodontics○ Periodontics○ Oral Medicine / Diagnosis○ Other:-		
Proposed Start Date (dd/mm/yyyy)	Proposed End Date (dd/mm/yyyy)	Total Duration _____ Weeks

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Parent Institute Details

This is to certify that the above named student is in good standing and is authorized to take this elective at FJIDS, Lahore. The student (WILL) / (WILL NOT) require a written evaluation at the conclusion of this elective. During the period of proposed elective student will be enrolled in ____ Year of __ Year Undergraduate / PG program. The student's expected date of graduation is _____ (month and Year)

Name of Parent Institution:	
Mailing Address of Institute:	
Contact No of Institute:	Email Address of Institute:
Name & Title Head of Institute:	Signature Head of Institute:

Documents (to be attached):

Sr.No.	List of Documents	Received
1.	A letter of recommendation from Principal / Supervisor at Parent Institution	
2.	One passport size picture	

Guideline for Students:

- The policy shall follow SHC&ME rules
- Application fee of RS= _____ /- would be charged from external students as determined by the FJIDS/SHC&ME, Lahore.
- External Students will be entertained on a first come first serve / Merit basis.
- For Postgraduate, a valid PMDC license certificate is mandatory, which should be submitted along with mandatory educational documentation as indicated in the application form.
- Undergraduate / Postgraduate students applying for electives should have ideally completed TWO years of training in their respective program at their, parent institute. An official letter from the parent institute will be required for eligibility.
- Students on electives at FJIDS, Lahore would be required to wear a white coat and display the College.ID card at all time to identify them as a "visiting student". Without a card, the security personnel could challenge and stop you from entering the premises, or any part of the premises. Please obtain a card from the Student Section on arrival.
- Students will be required to submit the evidence of the required vaccinations when pursuing electives at FJIDS, Lahore.

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Students are advised to go through the detailed SOP's for elective rotation at FJIDS, Shared with this application form Declaration of Intent:

I have read the rules and regulations and agree to comply with these. Failure to do so, as determined by the Committee /Administration may result in immediate cancellation of my elective.

Signature of the Candidate: _____ Date: _____

APPROVAL BY FJIDS, Lahore

Department Name: _____	Application Approved: Yes / No	
Allowed for: _____ Weeks	Start Date: _____	End Date: _____

Approved By (HOD/ Supervisor Name) _____ **Signature & Date:** _____

Approved By (Dean):

_____ **Signature & Date:** _____

Note: While utmost care has been taken in formulation of these policies to ensure that they are in accordance with the policies of government of Punjab and SHC&ME department. In case of any disparity, the policies laid out by government of Punjab and SHC&ME department shall be considered as final and followed.

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