

# ELECTIVES POLICY



**RAHBAR COLLEGE  
OF DENTISTRY**

A handwritten signature in blue ink, appearing to be 'Dr. Muhammad Nasir Saleem', is written over a vertical line that extends downwards to the text below.

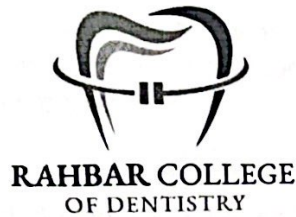
**PRINCIPAL  
PROF. DR. MUHAMMAD NASIR SALEEM  
RAHBAR COLLEGE OF DENTISTRY**

No.102/RCoD/P // 4 Dated: 30 July 2024

To: Director Admin

Info: Medical Branch

**Prof. Dr. Muhammad Nasir Saleem**  
BDS (Hons), FCPS, MSc, ICMT,  
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Principal  
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Rahbar College of Dentistry, Lahore



## **RAHBAR COLLEGE OF DENTISTRY**

### **ELECTIVES POLICY**

#### **Administrative Guidelines for Students at Rahbar College of Dentistry Pursuing Elective Rotations**

Student electives serve as a valuable method for exposing students to diverse learning environments and offer a platform to inspire them to pursue ambitious goals. They also assist students in making informed decisions about their future specialties. At Rahbar College of Dentistry, we expect students to frequently embark on electives at prestigious national and international institutes. To ensure a smooth process the following guiding principles have been established:

#### **1. Permission and Guidelines:**

- Prior permission from the Principal of Rahbar College of Dentistry is mandatory for all elective rotations,
- Elective programs can only be pursued during summer holidays as per the academic calendar of that particular year
- Electives must adhere to specified guidelines.

#### **2. Application Deadline;**

- Applications for elective programs must be submitted to the Director of Dental Education (DDE) no later than 6 months before the start date of the elective.

**3. Duration and Usage:**

- The maximum duration for an elective is 30 days.
- Each student may avail of this elective opportunity only once during their entire undergraduate program.

**4. Schedule of Electives:**

- Electives are scheduled during the third and fourth years of the BDS program.

**5. House Job Period:**

- Students during their House job period are NOT permitted to participate in any elective programs.

**6. Responsibilities:**

- Each student is responsible for applying, selecting, and arranging travel and accommodation for their elective.
- Parental/guardian involvement is required during these stages.

**7. Preparation for International Electives:**

- Students must acquaint themselves with immigration and visa regulations, travel requirements, and health insurance policies for international electives.

**8. Professional Conduct:**

- Students representing Rahbar College of Dentistry during electives must adhere to the rules and codes of conduct of the host institution.
- They are expected to demonstrate the highest standards of professional behavior.

**9. Indemnity Bond**

- An indemnity bond is required, stating that Rahbar College of Dentistry is not liable for incidents such as theft, loss of valuables, illness, disability, death, or legal issues during the elective period.

**10. Elective Completion and Reporting**

Upon completion of the elective program, the student must:

- Submit a report detailing their experience.
- Provide a timetable of their elective activities.
- Rejoin their parent institute (Rahbar College of Dentistry).



**ADMINISTRATIVE GUIDELINES FOR STUDENTS PURSUING ELECTIVES**  
**AT RAHBAR COLLEGE OF DENTISTRY**

**1. Application Process for Electives at Rahbar College of Dentistry (RCoD);**

Dental college students applying for electives at Rahbar College of Dentistry (RCoD) must submit their application to the Principal of RCoD.

**2. Application Processing and Slot Inquiry Procedure;**

The signed application will be forwarded to the Head of the Department at Rahbar College of Dentistry (RCoD) for inquiry about the availability of slots.

**3. Elective Options:**

Elective opportunities are available to dental and management students from colleges other than Rahbar College of Dentistry (RCoD).

**4. Security Deposit and Documentation Requirements for Dental College Students**

Students from dental colleges are required to deposit a security amount of 60,000 Rs/- . This must be accompanied by a verified and attested copy of their academic record, as well as a signed affidavit.

**4. Available Disciplines:** Electives are offered in various disciplines at RCoD:

- Oral and Maxillofacial Surgery
- Operative Dentistry
- Orthodontic Dentistry
- Prosthodontics Dentistry
- Periodontology Dentistry
- Community and Preventive Dentistry
- Oral Radiology

**5. Responsibilities:** Each student must follow the application process, select their elective, and arrange travel and accommodation. Parental/guardian involvement is necessary during these stages.

**6. Conduct Expectations:** Students from different dental colleges participating in electives at RCoD must adhere to the institution's rules and codes of conduct, maintaining high standards of professional behavior.

**7. Indemnity Bond:** An indemnity bond is required, stating that Rahbar College of Dentistry is not liable for incidents such as theft, loss of valuables, illness, disability, death, or legal issues during the elective period.

## **Elective Program Procedure for Rahbar College of Dentistry Students**

Following this procedure ensures compliance with Rahbar College of Dentistry's requirements for undertaking elective programs and helps maintain organized records and evaluations of student participation.

### **1. Confirmation and Notification**

- a. Once the elective position at the host institution is confirmed, the student must inform the Director of Dental Education (DDE) in writing. This notification should be done 6 months prior to the elective start date.
- b. The communication must include:
  - Exact dates of the elective.
  - A copy of the acceptance letter from the host institution.
  - The DDE will maintain a register of 'awaiting students'.

### **3. Contents of the Application**

- a. The application must include:
  - An undertaking signed by the student.
  - The undertaking must also be countersigned by their parent/guardian, as per 'ANNEX — A' of the guidelines.

### **4. Completion of Elective**

- a. After completing the for the elective, each student must submit a structured evaluation form ('ANNEX — B') to the DDE.
- b. This form should:
  - Be duly signed and stamped by the elective in-charge at the host institution.

#### **Notes:**

- Timing; Ensure all communications and applications are submitted within the specified timelines.
- Undertaking; The undertaking (ANNEX — A) must have both student and parent/guardian signatures.
- Evaluation Form The evaluation form (ANNEX — B) must be completed and validated by the host institution.

## 5. Required Documents for Electives;

### Permission from Parent/Guardian;

A signed permission form from the parent or guardian of the student.

### Permission from the Accepting Institution;

Written permission or acceptance letter from the institution where the student will undertake the elective.

### Bond of non-responsibility;

A legally binding document (bond) stating that Rahbar College of Dentistry bears no financial or legal responsibility for incidents during the elective period.

This may include theft, loss of valuables, illness, disability, death, or legal issues.

## Notes:

### Document Importance

Each document is essential for ensuring compliance and accountability throughout the elective period. Proper documentation helps maintain clarity and adherence to established guidelines, ensuring that both the student and Rahbar College of Dentistry fulfill their responsibilities.

### Legal Implications

The bond serves to protect both the student and Rahbar College of Dentistry from potential liabilities that may arise during the elective period. It outlines responsibilities and safeguards against unforeseen issues, thereby reducing legal risks for both parties.



## **Standard Operating Procedures for Curriculum Committee Recommendations**

- Recommendations regarding electives will be made by the Curriculum Committee.
- These recommendations will be forwarded to the Institutional Curriculum Committee (ICC) for review.

### **CC Review and Approval:**

- The Institutional Curriculum Committee (ICC) will review the recommendations received from the Curriculum Committee.
- Following the review, the ICC will present these recommendations to the Principal of Rahbar College of Dentistry (RCoD) for final approval.

### **Notes:**

#### **Recommendations Flow**

- Recommendations move from the Curriculum Committee to the Institutional Curriculum Committee (ICC) and are then forwarded to the Principal for final approval.

#### **Reporting Requirement**

- Submission of a report detailing the student's elective experience and activities is mandatory upon completion of the elective program.

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Principal  
Head of Department Operative Dentistry  
Rahbar College of Dentistry

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ANNEX – A:

**Undertaking for Student of Rahbar College of Dentistry for Elective Rotations**

I, the undersigned, hereby declare my intent to participate in an elective rotation in [Name of Discipline] at [Name of Institution], from [Start Date] to [End Date]. I affirm the following:

1. I have thoroughly reviewed the “Administrative Guidelines for Students at Rahbar College of Dentistry Pursuing Elective Rotations” and agree to adhere to these guidelines completely.”
2. Both my parents/guardian and I agree that we will not hold the administration of Rahbar College of Dentistry responsible for any unforeseen incidents, including theft, loss of valuables, illness, disability, death, legal, or medico-legal issues during the approved academic leave period for the elective rotation mentioned above.”
3. I hereby confirm that I will not be requesting any attendance waivers and commit to completing my elective program within the allocated thirty-day summer vacation period as per the academic calendar.

Signature:

Name:

S/O, D/O:

Roll No:

Class:

CNIC No:

Address:

Date:

**COUNTER SIGNATURE BY PARENT / GUARDIAN:**

Signature:

Name:

CNIC No:

Address:

Date:



ANNEX – B:

**EVALUATION PROFORMA FOR STUDENTS UNDERTAKING ELECTIVE ROTATIONS**  
**AT**  
**RAHBAR COLLEGE OF DENTISTRY**

**INSTRUCTIONS:**

1. Part – I of this form is to be filled by the student undertaking elective.
2. Part – II & III of this form is to be filled in by the supervisor. In case more than one consultant are supervising the elective rotation the one with maximum contact with the student is requested to fill in the form.
3. Part – IV of this form is to be filled by the DDE of Rahbar College of Dentistry.

**PART – I:**

1.	Name of student:	
2.	Class:	
3.	Roll Number:	
4.	Session:	
5.	Program:	BDS
6.	Father / Guardian name:	
7.	Institute where elective rotation was done:	
8.	Department:	
9.	Start date:	
10.	End date:	
11.	Duration in days:	

**PART - II:**

1.	Name of Supervisor:	
2.	Designation:	
3.	Department:	
4.	Institute:	
5.	Degree of contact with the student (tick as appropriate):	Daily / Occasionally / Rarely
6.	Total duration of elective:	
7.	Days attended:	

**PART – III:**

S No	Domain (Please tick the appropriate column regarding following aspects of this students' performance)	Unacceptable	Marginal Performance (needs improvement)	Typical Performance (expected of a comparable student)	Superior Performance (top 20%)	Outstanding Performance (top 5%)
I.	Depth & integration of pertinent clinical and basic science knowledge					
II.	Outlines rational plan for investigation					
III.	Obtains confidence and cooperation of patients					
IV.	Establishes priorities and institutes an appropriate plan of treatment					
V.	Recognizes an emergency situation and manages it appropriately					
VI.	Maintains complete and orderly records					
VII.	Demonstrates enthusiasm					
VIII.	Demonstrates realistic appreciation of his/her own competence and limitations					
IX.	Demonstrates honesty in admitting errors					
X.	Accepts direction or criticism comfortably					
XI.	Takes initiative/works independently					
XII.	Punctual, attended all conferences / learning activities					
XIII.	Contributing member of team					





**PART – IV:**

1. Evaluation Performa received by DDE on:

Received by:

2. Seen by DDE:

3. Seen by Principal: