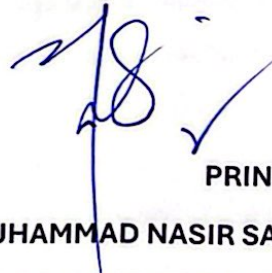


EXCHANGE PROGRAM POLICY



RAHBAR COLLEGE
OF DENTISTRY



PRINCIPAL

PROF. DR. MUHAMMAD NASIR SALEEM

RAHBAR COLLEGE OF DENTISTRY

No.102/RCoD/245 Dated: 19 Sept 2024

To: Director Admin

Info: Medical Branch

Prof. Dr. Muhammad Nasir Saleem
BDS (Hons), FCPS, MSc, ICMT,
FDS RCPSG, PhD (Scholar),
Principal
HOD Operative Dentistry,
Rahbar College of Dentistry, Lahore



RAHBAR COLLEGE
OF DENTISTRY

RAHBAR COLLEGE OF DENTISTRY **EXCHANGE PROGRAM POLICY**

1. Purpose:

The Student Exchange Program at Rahbar College of Dentistry provides an opportunity for students to gain diverse clinical experiences and exposure to different dental institutions. This policy outlines the procedures and eligibility criteria for participation.

2. Eligibility Criteria:

- **Level of students:**

The exchange program is available only to students who are in their Third and Final clinical years. This ensures that participants have the requisite foundational knowledge and clinical skills to benefit from and contribute to the exchange experience.

- Students can apply only once during their Academic time period
- Students who have previously completed elective programs are not eligible to apply for the exchange program.

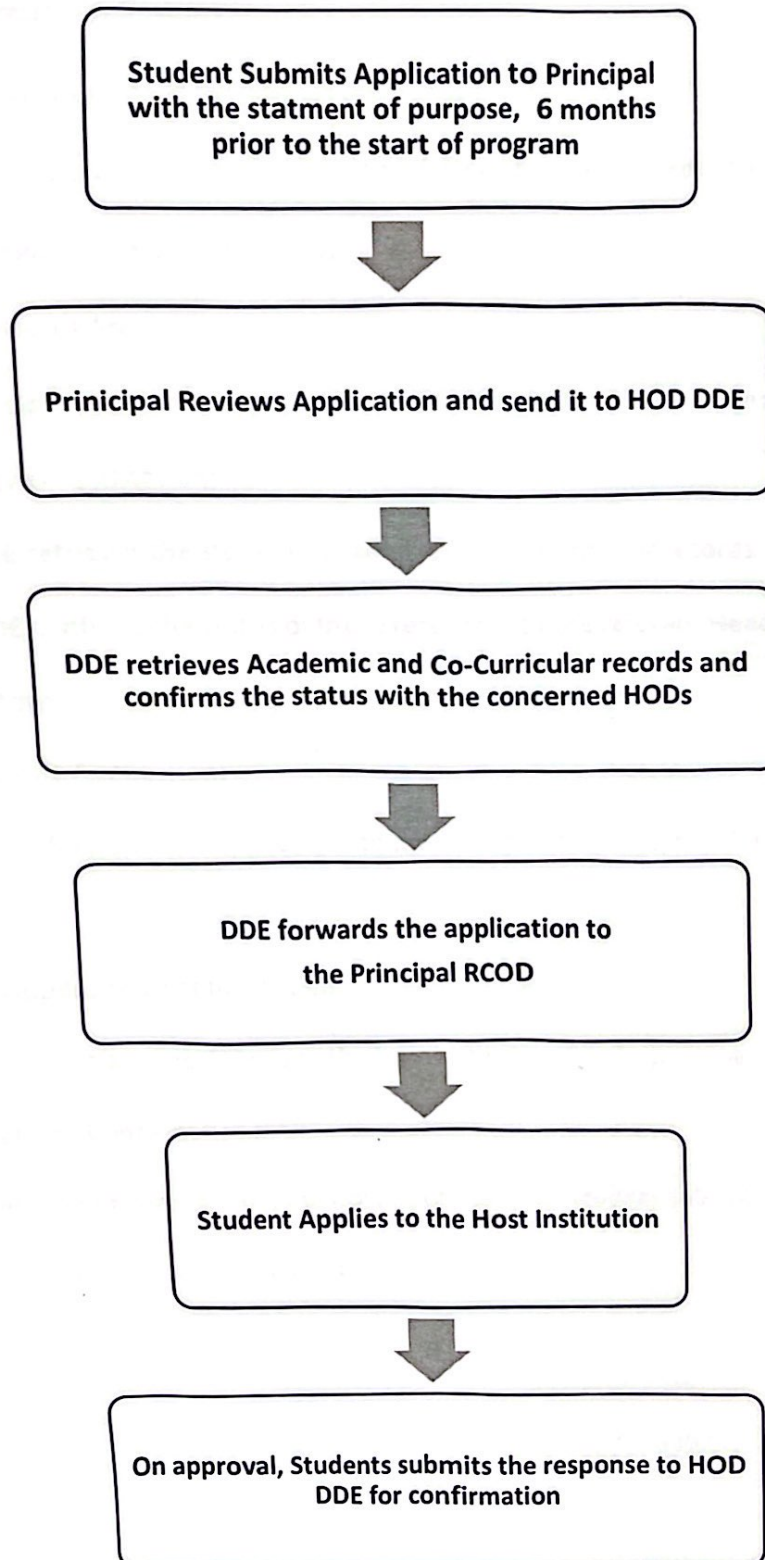
- **Duration of exchange program:**

Students are allowed to participate in the exchange program for only one block during their Third and Final clinical years.

- **Academic and Co-Curricular requirements:**

Students must demonstrate a strong academic record and active participation in co-curricular activities. A good academic standing and involvement in relevant activities are essential for eligibility.

Application Process:



a) Student Submits Application:

- The student submits their application
- Statement of purpose which should be of One Thousand words to the Principal, six Months before the program starts.

b) Principal Reviews Application:

- The Principal reviews the application and forwards it to the HOD Dental Education.

c) DDE Processes Application:

- The DDE retrieves the student's academic and co-curricular records.
- The DDE confirms the status of these records with the relevant Heads of Departments (HODs).

d) DDE Forwards Application:

- The DDE forwards the application to the Principal of the Rahbar College of Dentistry (RCOD).

e) Student Applies to Host Institution:

- The student applies directly to the host institution for the program.

f) Approval and Confirmation:

Upon receiving approval from the host institution, the student submits the response to the HOD DDE for final confirmation.

Exchange Program Procedure for Rahbar College of Dentistry Students

1. Confirmation and Notification

a. Once the exchange position at the host institution is confirmed, the student must inform the HOD DDE in writing.

The notification must include:

- Exact dates of the exchange.
- A copy of the acceptance letter from the host institution.

c. The DDE will maintain a register of 'awaiting students'.

2. Application Requirements

Contents of the Application

a. The application for participation in the exchange program must include:

- An undertaking signed by the student.
- Statement of Purpose which should be of One Thousand words.
- The undertaking must also be countersigned by their parent/guardian, as specified in 'ANNEX — A' of the guidelines.

Required Documents

- a) **Application Form:** Students need to fill out an application form with personal details, academic background, and a statement of purpose.

- b) **Permission from Parent/Guardian:** A signed permission form from the student's parent or guardian.
- c) **Bond of Non-Responsibility:** A legally binding document stating that Rahbar College of Dentistry bears no financial or legal responsibility for incidents occurring during the exchange period. This includes, but is not limited to, theft, loss of valuables, illness, disability, death, or legal issues.

4. Financial Considerations

- Students need to pay the regular RCoD tuition fees or the host institution's fees, depending on the arrangement.

5. Submission and Verification of Performance Report at the conclusion of the Program.

- a) Students are required to submit a performance report evaluation form ('ANNEX — B') at the conclusion of the program.
- b) Be duly signed and stamped by the program in-charge at the host institution.

Notes:

a. Timing:

- Ensure that all communications and applications are submitted within the specified timelines.

b. Undertaking:

- The undertaking (ANNEX — A) must have both student and parent/guardian signatures.

Document Importance

Each document is essential to ensure compliance with program requirements and accountability throughout the exchange period.

Proper documentation maintains clarity and adherence to established guidelines, ensuring that both the student and Rahbar College of Dentistry fulfill their responsibilities.

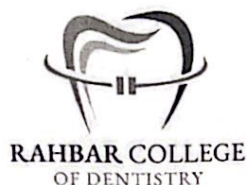
Legal Implications

The bond of non-responsibility is designed to protect both the student and Rahbar College of Dentistry from potential liabilities that may arise during the exchange period. It outlines the responsibilities and safeguards against unforeseen issues, thus reducing legal risks for both parties.



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Principal
Head of Department Operative Dentistry
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ANNEX – A:

Undertaking for Student of Rahbar College of Dentistry for Exchange Program

I, the undersigned, hereby declare my intent to participate in **exchange program** 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 for Exchange Program” 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 program mentioned above.”
3. I hereby confirm that I will not be requesting any attendance waivers and commit to completing my program within the allocated Block.

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

RAHBAR COLLEGE OF DENTISTRY

INSTRUCTIONS:

1. Part – I of this form is to be filled by the student taking the exchange program.
2. Part – II & III of this form is to be filled in by the supervisor. In case more than one consultant are supervising the exchange program 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 exchange program:	
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					
XIV.	Works well with and shows respect for members of the health care team					
XV.	Well organized, analytic					
XVI.	Reliable and responsible / completes assigned tasks					

Signature of Supervisor with stamp & date:

PART – IV:

1. Evaluation Performa received by DDE on:

Received by:

2. Seen by DDE:

3. Seen by Principal: