

## Appendix 1

Name: \_\_\_\_\_ Computer No: \_\_\_\_\_

Mobile No.: \_\_\_\_\_ Email: \_\_\_\_\_

MONTH	1 <sup>ST</sup> CHOICE HOSPITAL	2 <sup>ND</sup> CHOICE HOSPITAL	3 <sup>RD</sup> CHOICE HOSPITAL
JULY 2016			
AUGUST 2016			
SEPTEMBER 2016			
OCTOBER 2016			
NOVEMBER 2016			
DECEMBER 2016			
JANUARY 2017			
FEBRUARY 2017			
MARCH 2017			
APRIL 2017			
MAY 2017			
JUNE 2017			

### ROTATIONS:

- 1) Medicine, Surgery, Pediatric, Ob Gyne ( 2 months each)
- 2) ( 1 month) from each ( ICU, ER, Family Medicine & Radiology )
- 3) ( 1 month) from each ( ICU, ER, Family Medicine & Radiology )
- 4) Elective 2 months
- 5) VACATION: ½ month anyone of the elective rotation.

**DR. MOHAMMED FAROUQ**  
Vice Dean Clinical Affairs

**Acknowledge by:** \_\_\_\_\_  
(Intern's Signature)