

To,

**The Principal,
PGMI/AMC/ Lahore General Hospital,
Lahore.**

Subject: **ISSUANCE OF THE ROTATION ORDERS.**

I have been enrolled as FCPS-II trainee of _____ from the date _____ at Lahore General Hospital, Lahore in the Department of _____ vide letter/order/notification No. _____, dated _____ as PGR/MO PGR.

As per requirement of the Syllabus of the course notified by the College of Physicians & Surgeons of Pakistan. I may be allowed to have teaching and training on Rotation in the Department of _____ from _____/2014 to _____/2014 for duration of _____ days.

Dr. _____
Signature _____
PGR _____
Department _____ Unit _____
Contact No. _____

Dated/ _____/2014.

**Supervisor of the Course
With Stamp**

**Head of the Department/Unit
With Stamp**

Note:- Students will submit the Testimonial of the Rotation to the PG Section, LGH, Lahore after the completion of Rotation otherwise Experience Certificate will not be issued.

This proforma is available on [www. Pgmipunjab.edu.pk](http://www.Pgmipunjab.edu.pk)