



POSTGRADUATE MEDICAL CENTRE

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ISO 9001:2008 CERTIFIED
"SAY NO TO CORRUPTION"

CERTIFICATE OF CHARGE/ JOINING

I, Dr. Mr. Miss: _____ S/o, D/o _____
respectively assumed/joined the course _____ in the forenoon of
_____ as under the supervision of _____ Unit _____, at
Liaquat University of Medical & Health Sciences, Jamshoro / Liaquat University Hospital
Hyderabad/ Jamshoro, vide this office letter No. _____ Dated _____ -
_____.

Signature of P.G student

Signature of Supervisor
with name & stamp

Signature of Unit Chief
With name & stamp

OFFICE OF THE DIRECTOR POSTGRADUATE MEDICAL CENTRE LIAQUAT UNIVERSITY OF MEDICAL & HEALTH SCIENCES, JAMSHORO.

NO. LUMHS/PG/-

Dated:

Copy for information:

- Supervisor _____ LUMHS, Jamshoro.
- Doctor concerned.
- Office file.

DIRECTOR
POSTGRADUATE MEDICAL CENTER
LIAQUAT UNIVERSITY OF MEDICAL &
HEALTH SCIENCES, JAMSHORO.