



POSTGRADUATE MEDICAL CENTRE

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ISO 9001:2008 CERTIFIED
"SAY NO TO CORRUPTION"

To

The Director
Postgraduate Medical Centre
LUMHS, Jamshoro

SUBJECT: **REQUEST FOR THE ISSUANCE OF EXPERIENCE CERTIFICATE**

Respected Sir/Madam

With due respect I want to state that I _____ have been
enrolled in _____ Course vide order No. _____

Dated: _____.

Kindly issue me Experience Certificate as per attached proforma.

Name: _____

Date: _____

Course: _____

Signature: _____

Supervisor Signature: _____
with Stamp