

LIAQUAT UNIVERSITY
OF MEDICAL & HEALTH SCIENCES, JAMSHORO

POSTGRADUATE MEDICAL CENTRE

CERTIFICATE OF CHARGE/JOINING

I, Dr. _____ S/o, D/o _____ respectively
assumed/joined the Course **M.D/M.S** in _____ on
dated: _____, Academic Session _____ under the
Supervision of _____ Unit _____ at Liaquat
University of Medical & Health Sciences, Jamshoro/ Liaquat University Hospital
Hyderabad/ Jamshoro.

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/PGMC/-

Dated:

Copy for information:

1. Supervisor of the candidate.
2. PG/Doctor concerned.
3. Office file.

DIRECTOR
Postgraduate Medical Centre
LUMHS, Jamshoro.