



REGISTRAR

## LIAQUAT UNIVERSITY

OF MEDICAL & HEALTH SCIENCES JAMSHORO, SINDH - PAKISTAN

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"SAY NO TO CORRUPTION"

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**TOP PRIORITY**

To,

The All Deans/Chairperson/Chairmen/Principals/Directors/  
Incharges/Head of Department,  
LUMHS, Jamshoro.

**SUBJECT: INFORMATION FOR COVID-19 VACCINATION.**

With reference to Sindh Higher Education Commission, Government of Sindh, Karachi letter No.AD(Admn)SHEC/16-1/2021, dated 19-01-2022 and National Command and Operation Centre (NCOC) Islamabad letter No.801/A/2/NCOC-01, dated 19-01-2022, you are hereby requested to provide the updated list of all faculty members/officers/employees (duly signed) working in their respective departments along with their status of vaccination in following format within 03 days positively repeat within 03 days from the date of issuance of this letter.

The detail of vaccinated Faculty Members/Officers/Officials of this University

S #	Full Name with designation and Department	CNIC	Date of Vaccination		Covid-19 Batch/ Registration No.	Name of the Vaccination Centre
			1 <sup>st</sup> Dose	2 <sup>nd</sup> Dose (if applicable)		

The detail of non-vaccinated Faculty Members/Officers/Officials of this University.

S #	Full Name	Designation	Department

(DR. HAJI MUHAMMAD SHAIKH)  
REGISTRAR  
LIAQUAT UNIVERSITY OF MEDICAL &  
HEALTH SCIENCES, JAMSHORO.

Copy for information to the:-

1. P.S. to Vice-Chancellor.

