

LIAQUAT UNIVERSITY
OF MEDICAL & HEALTH SCIENCES, JAMSHORO

POSTGRADUATE MEDICAL CENTRE

CERTIFICATE OF CHARGE/JOINING

I, Mr./ Ms. _____ S/o, D/o _____

respectively assumed/joined the Course **MS Nursing** in the forenoon of

_____, Academic Session 20____-20____ at People's Nursing School,

LUMHS Jamshoro vide this office letter No. _____ Dated: _____

Signature of P.G student

DIRECTOR
People's Nursing School
LUMHS, Jamshoro

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

NO.LUMHS/PGMC/-

Dated:

Copy for information:

1. The Director, Peoples Nursing School, LUMHS Jamshoro.
2. Concerned Copy.
3. Office file.

DIRECTOR
Postgraduate Medical Centre
LUMHS, Jamshoro.