

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.Sc** 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

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**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.