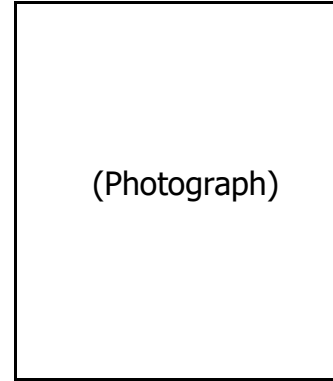




NUMS
NATIONAL UNIVERSITY
OF MEDICAL SCIENCES

MEDICAL FITNESS CERTIFICATE



Candidate ID: _____

Candidate CNIC: _____

Name: _____

Father's Name: _____

Gender: _____

Age: _____

Mark of Identification: _____

I certify that I have examined Mr./Ms. _____
Son/Daughter of _____ who is an
applicant for admission to Undergraduate/Postgraduate Program at NUMS and found him
/ her, physically and mentally FIT for undertaking medical studies.

Signature of Doctor with Legible Seal

Signature of Candidate (in

Name: _____

Presence of Doctor

PM & DC No: _____

Dated: _____

Dated: _____