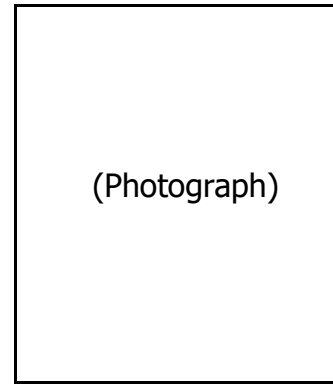




**NUMS**  
NATIONAL UNIVERSITY  
OF MEDICAL SCIENCES

**MEDICAL FITNESS CERTIFICATE**



Candidate ID: \_\_\_\_\_

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  
Name: \_\_\_\_\_  
PM & DC No: \_\_\_\_\_  
Dated: \_\_\_\_\_ 2019

\_\_\_\_\_  
Signature of Candidate (in  
Presence of Doctor  
Dated: \_\_\_\_\_ 2019