

KING EDWARD MEDICAL UNIVERSITY, LAHORE

**The Vice Chancellor,
King Edward Medical University,
Lahore.**

**SUBJECT: APPLICATION FOR THE ISSUANCE OF EXPERIENCE CERTIFICATE
(MD/MS/MDS/FCPS/MCPS/M.Phil/PH.D/Diploma)**

SPECIALTY _____

Respected Sir,

I have been enrolled in the above mentioned program vide order
No. _____ Dated _____. Kindly issue me experience
certificate as per attached proforma.

Name -----

PGR -----

(Speciality/Session)

Signature-----

Recommended by _____

PROFORMA FOR ISSUANCE OF EXPERIENCE CERTIFICATE/ROTATIONS

SESSION _____

DATA SHEET FOR DR. _____ PARENTAGE _____

MD/MS/MDS/FCPS/MCPS/M.PHIL/PH.D/DIPLOMA _____

CLASS STARTING DATE _____

DATE OF JOINING _____

REG. NO. OF PM&DC&VALIDITY DATE _____

KEMUREGISTRARION NO.& DATE _____

SUPERVISOR	DATE & ORDER NO	EXPERIENCE WORK / ROTATIONS			LEAVE	
		Specialty	FROM	TO	FROM	TO

- **Attach all copies of documents duly endorsed by the MS & requirements of rotations as per rule of MD/MS/MDS/ FCPS/M.Phil/PH.D/Diploma.**
- **All the above mentioned data is correct to the best of my belief / knowledge. In case of any discrepancy, Error, I shall be liable to be punished as per Rules & Regulations of KEMU.**

Signature _____

Name of the Candidate: _____