signature and stamp of examining physician

The present certificate is a compulsory document to be submitted during application to the Stipendium Hungaricum scholarship. Tempus Public Foundation manages applicants' data based on the Privacy Statement for data management in connection with the Stipendium Hungaricum Programme in force.

Full name of the applicant (as it appears on passport):

| ationality:  |                                |                                     |
|--|--------------------------------|-------------------------------------|
| TYPE OF MEDICAL TEST OR VACCINATION  | EXAMINATION / VACCINATION DATE | RESULT (circle the relevant option) |
| Tuberculosis (TB) screening (chest X-ray within 3 months)  |                                | negative / positive                 |
| or   |                                |                                     |
| Quantiferon test   |                                |                                     |
| Please attach the result (not the film) in English/Hungarian.  |                                |                                     |
| SEROLOGICAL TES  |                                |                                     |
| (within 3 months, please attach  | results in English)            | negative / positive                 |
| Hepatitis B surface antigen (HBsAg)  |                                | negative / positive                 |
| Hepatitis C antibody (anti-HCV/ HCV Ab)  |                                | negative / positive                 |
| VACCINATIONS   |                                | negative / positive                 |
| If available please attach Childhood Vaccination, If the patient is not vaccinated, please consider vac  |                                | in Hungary.                         |
| Has the patient been vaccinated against diphtheria, tetanus and  |                                | Yes / No                            |
| pertussis? (dTap/Tdap booster should be given every 10 years)  |                                |                                     |
| Has the patient been vaccinated against MMR (measles, mumps,   |                                | Yes / No                            |
|  |                                |                                     |
|  |                                |                                     |
| rubella)? Has the patient been vaccinated against poliomyelitis?   |                                | Yes / No                            |
| rubella)? Has the patient been vaccinated against poliomyelitis? Has the patient been vaccinated against Coronavirus (COVID-   |                                | Yes / No<br>Yes / No                |
| rubella)? Has the patient been vaccinated against poliomyelitis?   |                                |                                     |
| rubella)?  Has the patient been vaccinated against poliomyelitis?  Has the patient been vaccinated against Coronavirus (COVID-19)?   |                                |                                     |
| Has the patient been vaccinated against poliomyelitis? Has the patient been vaccinated against Coronavirus (COVID-19)? Has the patient been vaccinated against Hepatitis B?  |                                | Yes / No                            |
| Has the patient been vaccinated against poliomyelitis? Has the patient been vaccinated against Coronavirus (COVID-19)? Has the patient been vaccinated against Hepatitis B? Has the patient been vaccinated against typhoid? Please note,  |                                | Yes / No Yes / No                   |
| rubella)?  Has the patient been vaccinated against poliomyelitis?  Has the patient been vaccinated against Coronavirus (COVID-   |                                | Yes / No Yes / No                   |
| Has the patient been vaccinated against poliomyelitis? Has the patient been vaccinated against Coronavirus (COVID-19)? Has the patient been vaccinated against Hepatitis B? Has the patient been vaccinated against typhoid? Please note, that in case of patients from endemic countries if the patient had |                                | Yes / No Yes / No                   |

## **Usman** Ghani

student

Phone: 3092896807

E-mail: ghaniusman0287@gmail.com

| Objective               | Seeking an opportunity to utilize my skills and qualifications in a collaborative environment, making a meaningful impact and advancing my professional journey. I am a student possesing skills of research, critical thinking, problem-solving, communication, and technical skills relevant to the field. I am highly motivated to continue my higher studies and gain experience in your country as it serves my learning purpose. |
|-------------------------|--|
| Personal<br>Information | Gender : Male  |
|                         | Nationality : Pakistan   |
|                         | Date of Birth: 11.01.2003  |
| Project Detail          | harvard online course on programming   |
|                         | Fsc pre-enginieering   |
| Language                | english  |
|                         | Urdu   |

## **Interests**

- programming
- coding
- computer skills
- business
- community involvement

## **Skills**

Adaptability

Creativity

Interpersonal communication

Leadership

Management

MS Office

Project management

programming

Computer