

Walailak University  
Health Certificate

At D.H.Q. Hospital  
Date 25 Month 03 Year 2019

I, (Full name) Muhammad H. H. H.  
am a medical doctor, holding a medical practice license number 14342-N  
place of practice (Name of hospital) D.H.Q. Teaching Hospital MTI  
Hospital's address Circular road D.I. Khan

I undertook a medical examination of Mr/Mrs/Miss Gohar Ali  
Nationality Pakistani Passport No. Not issued  
On date 25 month 3 year 2019

I hereby certify that Mr/Mrs/Miss Gohar Ali  
☐ is ☒ is not a disabled person who is not capable of working.  
☐ suffers ☒ does not suffer from mental disorder/sickness/retardation.  
☐ shows ☒ does not show symptoms of drug addiction.  
☐ is ☒ is not a chronic alcoholic.  
☐ presents ☒ does not present symptoms of contagious leprosy.  
☐ suffers ☒ does not suffer from contagious tuberculosis.  
☐ shows ☒ does not show symptoms of elephantiasis.  
Comment and recommendation Mentally & Physically fit

I hereby certify that Mr/Mrs/Miss Gohar Ali  
is in good physical and mental health.

Signed [Signature] (Medical Doctor)

On date 25 month 3 year 2019

Official stamp of the hospital is required.

Assistant Prof  
D.H.Q. Teaching Hospital  
D.I. Khan

Important

- (1) This certificate has to be signed by a registered medical doctor and by an official stamp of the hospital.
- (2) Examination must be undertaken at a hospital only.