



# KMCT

## COLLEGE OF ALLIED HEALTH SCIENCES

Affiliated to Kerala University of Health Sciences and approved by Govt. of Kerala

TO WHOMSOEVER IT MAY CONCERN

This is to certify that the information in the attached documents is verified by me and is true to the best of my knowledge.



  
Principal  
Principal  
KMCT College of Allied Health Sciences  
P.O. Manasseery, Mukkam  
Kozhikode, Pin - 673602

Muthalam, Mukkam, Kozhikode - 673602

☎ 0495-2296522, 2986522, 9526013000

✉ healthscience@kmct.edu.in 🌐 www.kmcthealthsciences.org



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### 5.2.1

Copies of the qualifying letters of the candidate

  
Principal  
KMCT College of Allied Health Sciences  
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# ACADEMIC YEAR 2022-2023



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College of Allied Health Sciences  
Kozhikode, Pin - 673602

Muthalam, Mukkam, Kozhikode - 673602

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### Healthcare Professional Registration Certificate

### شهادة تسجيل مهني صحي

Issue Date

03.07.2023

تاريخ الإصدار

Professional Name	هاشم ريسان باليال HASHIM RISVAN PALLIYAL	اسم المهني
Nationality	India	الجنسية
DHA Unique ID	BR123228	الرقم التعريفي
Registration Title	مختبرات طبية مختبرات طبية Allied Health - Technologist - Medical Laboratory	مسمى التسجيل
Remarks	N/A	ملاحظات
Registration Expiry Date	03.07.2024	تاريخ انتهاء صلاحية التسجيل

This Registration is NOT considered a permit to practice. It must be activated into a license by a licensed health facility in order to commence clinical practice.

هذا التسجيل لا يعد تصريحاً لمزاولة المهنة. يجب تفعيل التسجيل في مرافق صحية مرخصة لمزاولة العمل.

#### Notes:

- This is an electronically generated certificate, that doesn't require signature or stamp.
- Any modifications will invalidate this certificate.
- To verify this document, Please visit the below link and enter the Barcode.

#### ملاحظات:

- يتم إصدار هذه الشهادة إلكترونياً ولا تتطلب توقيع أو ختم المهنة.
- أي تعديل يغير هذه الشهادة لا يتم.
- لتحطو من هذه الوثيقة، يرجى زيارة الرابط أدناه وإدخال الرمز التعريفي (الباركود).

[https://services.dha.gov.ae/sheryan/wps/portal/home/services\\_professional/online\\_verification](https://services.dha.gov.ae/sheryan/wps/portal/home/services_professional/online_verification)

CP\_93F-03



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### Healthcare Professional Registration Certificate

### شهادة تسجيل مهني صحي

Issue Date

25-08-2023

تاريخ الإصدار

Professional Name	رُخْيَا نِيْلُوفَر كَانْهِيْرَاثِنْغَال RUKHIYA NILOFFER KANHIRATHINGAL	اسم المهني
Nationality	India	الجنسية
DHA Unique ID	78278856	الرقم التعريفي
Registration Title	المساعدون في الرعاية الصحية المهنية القس مختبرات طبية Allied Health - Technologist - Medical Laboratory	مسمى التسجيل
Remarks	N/A	ملاحظات
Registration Expiry Date	25-08-2024	تاريخ انتهاء صلاحية التسجيل

This Registration is NOT considered a permit to practice. It must be activated into a license by a licensed health facility in order to commence clinical practice.

هذا التسجيل لا يعد تصريحاً لمزاولة المهنة. يجب تفعيل التسجيل من قبل منشأة صحية مرخصة لمزاولة العمل.

#### Notes

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- Any modifications will invalidate this certificate.
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#### ملاحظات:

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- أي تعديل يغير هذه الشهادة لا يتم.
- للتحقق من هذه الوثيقة، يرجى زيارة الرابط أدناه وإدخال الرمز التعريفي (الباركود).

<https://services.dha.gov.ae/sheryan/wps/portal/home/services-professional/online-verification>

CP\_93 F 03



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KMCT College of Allied Health Sciences  
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### Healthcare Professional Registration Certificate

### شهادة تسجيل مهني صحي

Issue Date

19-06-2023

تاريخ الاصدار

Professional Name	فاطمة رويدة FATHIMA RUBAIDA	اسم المهني
Nationality	India	الجنسية
DHA Unique ID	87759721	الرقم التعريفي
Registration Title	المساعدين في الرعاية الصحية المهنية تقني مختبرات طبية Allied Health - Technologist - Medical Laboratory	مسمى التسجيل
Remarks	N/A	ملاحظات
Registration Expiry Date	19-06-2024	تاريخ انتهاء صلاحية التسجيل

This Registration is NOT considered a permit to practice. It must be activated into a license by a licensed health facility in order to commence clinical practice.

هذا التسجيل لا يعد تصريحا لمزاولة المهنة. يجب تفعيل التسجيل من قبل منشأة صحية مرخصة لمزاولة العمل.

**Notes:**

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- Any modifications will invalidate this certificate
- To verify this document, Please visit the below link and enter the Barcode

**ملاحظات:**

- يتم اصدار هذه الشهادة إلكترونيا ولا تتطلب توقيع أو ختم المهنة
- أي تعديل يعتبر هذه الشهادة لاغية
- للتحقق من هذه الوثيقة، يرجى زيارة الرابط أدناه وإدخال الرمز التعريفي (الباركود)

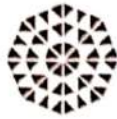
<https://services.dha.gov.ae/sheryar/wps/portal/home/services-professional/online-verification>

CP\_93F-03



Principal  
O. Manassery, Mukkam  
Kozhikode, Pin-673602





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### GOETHE-ZERTIFIKAT B2

A1 A2 B1 **B2** C1 C2

**Nawfiya Nizar**

Vorname und Name First Name and Surname

**27.04.1999**

Geburtsdatum Date of birth

**Kollam**

Geburtsort Place of birth

**13.01.2023**

Prüfungstermin Date of exam

**Coimbatore, Tamil Nadu**

Prüfungsort Place of exam

#### ERGEBNIS RESULT

Hören Listening

Erreichte Punktzahl  
Achieved Score

70

Erreichte Punktzahl  
Achieved Score

100

Dieses Zeugnis weist das Ergebnis für eines von insgesamt vier Modulen aus.  
This certificate encompasses the result for one of a total of four modules.

**Chennai, 15.02.2023**

Ort Datum Unterschrift für  
Place Date Signature for

Prüfungsausschussmitglied Examinator

**1420-AB24-0001283631**

Nummer / Number

Prüfer / Examiner

ALTE-Nr. 14543



**ALTE**  
02718



**GOETHE  
INSTITUT**

Principal

College of Allied Health Sciences

O. Manassery, Mukkam

Pin - 673602

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### GOETHE-ZERTIFIKAT B2

A1 A2 B1 **B2** C1 C2

Nowfiya Nizar

Wohnort und Name - First Name and Surname

27.04.1999

Geburtsdatum - Date of birth

Kollam

Geburtsort - Place of birth

19.01.2023

Prüfungstermin - Date of exam

Coimbatore, Tamil Nadu

Prüfungsort - Place of exam

ERGEBNIS - RESULT

Erreichte Punktzahl  
obtained score

Maximale Punktzahl  
maximum score

Lesen - Reading

53

100

Dieses Zeugnis weist das Ergebnis für eines von insgesamt vier Modulen aus.  
This certificate encompasses the result for one of a total of four modules.

Chennai, 15.02.2023

Ort, Datum, Unterschrift, Datum

Prüfungsausschussleiter - Exam official

1420-AB2A-0001283632

Nummer - Number

Prüfer - Examiner

MBE-NC 14543



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**hcpc** health & care  
professions  
council

Date: 30-01-2023

Dear Sir/Madam,

**HCPC Registration Status: Ms Maneesha Manuel**

Thank you for your enquiry concerning the registration status with the Health and Care Professions Council(HCPC) of Maneesha Manuel

I can confirm that the Physiotherapist part of the Register maintained by the HCPC under the Health Professions Order 2001 contains the following entry:

<b>Name of Registrant :</b>	Maneesha Manuel
<b>Registration number :</b>	PH133176
<b>Date of birth :</b>	08-06-1998
<b>Registration status :</b>	The Registrant is registered at the date of this letter and has been registered since 21-12-2022  The Registrant is not subject to any practice restriction.
<b>Registered address :</b>	MANJU HOUSE TC81/810-1 , VALIYAVELI P.O VALIYAVELI -695021 TRIVANDRUM INDIA 695021

This document was accurate on the date that it was issued. To verify current registration status, please use the HCPC online Register at [www.hcpc-uk.org](http://www.hcpc-uk.org)

Yours sincerely

Adam Mawson  
Registration Department  
Health and Care Professions Council



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# IELTS

## Test Report Form

GENERAL TRAINING

**NOTE** Admission to undergraduate and post graduate courses should be based on the ACADEMIC Reading and Writing Modules. GENERAL TRAINING Reading and Writing Modules are not designed to test the full range of language skills required for academic purposes. It is recommended that the candidate's language ability as indicated in this Test Report Form be re-assessed after two years from the date of the test.

Centre Number  Date  Candidate Number

### Candidate Details

Family Name   
First Name   
Candidate ID



Date of Birth  Sex (M/F)  Scheme Code   
Country or Region of Origin   
Country of Nationality   
First Language

### Test Results

Listening  Reading  Writing  Speaking  Overall Band Score  CEFR Level

### Administrator Comments

### Centre stamp



### Validation stamp



Administrator's Signature

Date

Test Report Form Number

The validity of this IELTS Test Report Form can be verified online by recognising organisations at <http://ielts.org.uk>



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# IELTS™

## Test Report Form

ACADEMIC

**NOTE** Address to universities and post graduate courses should be direct on the IELTS Writing and Reading Modules. (1) IELTS Writing and Reading Modules are not designed for the UK higher education system. (2) Candidates should be aware that the validity of the Test Report Form is 2 years from the date of the test.


Centre Number **IN855** Date **11/MAY/2023** Candidate Number **087544**

### Candidate Details

Family Name **PARASSERY**

First Name **BRIAN JOY**

Candidate ID **P7462191**



Date of Birth **13/02/1999** Sex (M/F) **M** Scheme Code **Private Candidate**

Country or Region of Origin

Country of Nationality **INDIA**

First Language **MALAYALAM**

### Test Results

Listening **6.5** Reading **6.0** Writing **6.0** Speaking **6.5** Overall Band Score **6.5** CEFR Level **B2**

### Administrator Comments

Empty box for administrator comments.

Centre stamp:

Validation stamp:

Administrator's Signature

Date **24/05/2023**

Test Report Form Number **23IN087544PAR855A**

The validity of this IELTS Test Report Form can be verified online by recognising organisations at <http://ielts.ucas.org.uk>



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 P. Manassery, Mukkam  
 Kozhikode, Kerala






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# IELTS™

## Test Report Form

ACADEMIC

**NOTE** Admission to undergraduate and post graduate courses should be based on the ACADEMIC Reading and Writing Modules. GENERAL TRAINING Reading and Writing Modules are not designed to test the full range of language skills required for academic purposes. It is recommended that the candidate's language ability as indicated in this Test Report Form be re-assessed after two years from the date of the test.

Centre Number  Date  Candidate Number

### Candidate Details

Family Name   
First Name   
Candidate ID



Date of Birth  Sex (M/F)  Scheme Code   
Country or Region of Origin   
Country of Nationality   
First Language

### Test Results

Listening  Reading  Writing  Speaking  Overall Band Score  CEFR Level

### Administrator Comments

### Centre stamp



### Validation stamp



Administrator's Signature

Date  Test Report Form Number

Principal  
College of Allied Health Sciences  
P.O. Manassery, Muthalam  
Kozhikode, Pin - 673602



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**CAPR**  
Canadian Alliance  
of Physiotherapy  
Regulators

**ACORP**

Alliance canadienne des  
organismes de réglementation  
de la physiothérapie

*La version française figure ci-dessous*

*Please be advised that this email is  
your official result; a physical result  
package will not be mailed.*

### **IMPORTANT REFERENCE NUMBERS:**

Client ID:

Process ID:

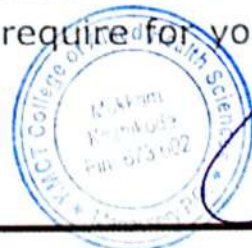
Date issued: 4/11/2023

Dear Sumayya Beevi Purakulath  
Mohammed Hussain:

Congratulations!

We are pleased to inform you that you  
have successfully completed the Written  
Component of the Physiotherapy  
Competency Examination (PCE), held on  
3/11/2023.

Please contact your regulator for details  
about the process they require for you to  
become fully licensed.



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Muthalam, Muthalam, Kozhikode - 673602

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**VARGHESE, NIJI**

JUNE 5, 2023



**duolingo**  
english test

# 105

### Overall

The test taker's ability to use English in a variety of modes and contexts.



- Can fulfill most communication goals, even on unfamiliar topics.
- Can understand the main ideas of both concrete and abstract writing.
- Can interact with proficient speakers fairly easily.

# 100

### Literacy

The test taker's ability to read and write.



# 120

### Comprehension

The test taker's ability to read and listen.



# 95

### Conversation

The test taker's ability to listen and speak.



# 75

### Production

The test taker's ability to write and speak.



■ Your score ■ Your score range

Learn more: [englishtest.duolingo.com/scores](https://englishtest.duolingo.com/scores)

### Are you a test taker?

Send your official results by following the instructions at [englishtest.duolingo.com/sharing](https://englishtest.duolingo.com/sharing). For any questions email test taker support at [englishtest-support@duolingo.com](mailto:englishtest-support@duolingo.com).

### Are you a school administrator?



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 KMCT College of Allied Health Sciences  
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 Kozhikode, Pin - 673602

Muthalam, Mukkam, Kozhikode - 673602

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ZULAINHA PALLIPARAMBIL  
MUSSAIN

Date of Exam: Apr 27, 2023  
Confirmation Number: 8890000002886226  
Govt ID/ Passport: X6464055  
Exam Center: 8918

### DHP/ MOPH State of Qatar Physiotherapist Exam

Your Exam Result = 61

### Diagnostic Information

	Number of Items Correct	Total Number of Items
Kinesiology, Biomechanics and Ergonomics	7	12
Anatomy and Physiology	13	18
Clinical Decision Making and Differential Diagnosis	9	12
Physical Agents (Electrotherapy and Hydrotherapy)	7	15
Therapeutic Exercises and Techniques	6	15
Physical Therapy in Special Population (OB/GYN, Paediatrics, Geriatrics)	13	18



Page 1 of 2

This exam was delivered by  
**PROMETRIC**

Visit <https://scorereports.prometric.com> to validate.

Cardiopulmonary Physical Therapy	7	12
Sports Physical Therapy	8	12
Neurorehabilitation	10	10
Musculoskeletal Rehabilitation	11	18
<b>Total</b>	<b>91</b>	<b>150</b>

### Prometric Authorized Signature

This certificate is valid for 3 Years from Examination Date

### Notes

1. Passing this exam is one of the mandatory requirements to obtain a Medical license in the state of Qatar.
2. Department of Healthcare Professions (DHP), Ministry of Public Health (MOPH), reserves the right to re-examine or re-evaluate candidates before issuing a license.
3. All other registration/licensing requirements should be fulfilled.
4. For further information regarding the registration/licensing requirements, please visit the following website: <https://dhp.moph.gov.qa>
5. Candidates can sit for exam for consecutive times, whatever the gap between such attempts.
6. Any exam result after the first attempt will not be considered.

### ملاحظات هامة

1. النجاح في هذا الامتحان هو أحد متطلبات الحصول على ترخيص ممارسة المهنة في دولة قطر.
2. منظمة الصحة العامة، وزارة الصحة العامة بحول دولة قطر، تحتفظ بحق إعادة امتحان أو إعادة تقييم المرشحين قبل إصدار الترخيص.
3. يجب تلبية كافة متطلبات التسجيل والترخيص الأخرى.
4. للحصول على المزيد من المعلومات حول متطلبات التسجيل والترخيص، يرجى زيارة الموقع: <https://dhp.moph.gov.qa>
5. يمكن حضور الامتحان المتتالي 3 مرات متتالية دون النظر لفاصل الزمنية بين كل امتحان والآخر.
6. لن يتم اعتبار أي نتيجة امتحان بعد المحاولة الأولى.



*[Signature]*  
Principal  
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### PROMETRIC

Department of Healthcare Professions (DHP) - Ministry of Public Health (MOPH) - State of Qatar



Name: SHAMANA PALAYUJEA KANDIYAR	Confirmation Number: R80000002811766
Specialty: Physiotherapist	Lost ID Passport: V6889610
Date of Exam: 10/12/2022	Exam Center: R917
Result: Pass	Grade: 61%

#### Diagnostic Information

Category	Number of Items Correct	Total Number of Items
Kinesiology, Biomechanics and Ergonomics	9	12
Anatomy and Physiology	11	18
Clinical Decision Making and Differential Diagnosis	9	12
Physical agents (Electrotherapy and Hydrotherapy)	9	15
Therapeutic Exercises and Techniques	9	15
Physical Therapy in Special Population (OB/GYN, Paediatrics, Geriatrics)	9	18
Cardiopulmonary Physical Therapy	8	12
Sports Physical Therapy	8	12
Neurorehabilitation	12	18
Musculoskeletal rehabilitation	12	18
<b>Total</b>	<b>96</b>	<b>150</b>

Prometric Authorized Signature

This Certificate is Valid for 3 Years from Examination Date

#### Notes

1. Passing this exam is one of the mandatory requirements to obtain a Medical license in the state of Qatar.
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4. For further information regarding the registration/licensing requirements, please visit the following website [www.moph.gov.qa](http://www.moph.gov.qa) [www.qchp.org.qa](http://www.qchp.org.qa)
5. Candidates can sit for exam for 5 consecutive times, whatever the gap between each attempt.
6. Any exam result after the fifth attempt will not be considered.

#### ملاحظات هامة

1. النجاح في هذا الاختبار هو أحد متطلبات الحصول على ترخيص مزاولة المهنة في دولة قطر.
2. تملك إدارة التخصصات الصحية، وزارة الصحة العامة بحق إعادة الاختبار أو إعادة تقييم المتقدمين قبل إصدار الترخيص.
3. يجب تلبية كافة متطلبات التسجيل/الترخيص الأخرى.
4. للحصول على المزيد من المعلومات حول متطلبات التسجيل/الترخيص، يرجى زيارة المواقع التالية [www.moph.gov.qa](http://www.moph.gov.qa) [www.qchp.org.qa](http://www.qchp.org.qa)
5. يسمح بمتابعة الامتحان التأسيسي 5 مرات متتالية دون النظر لتفراغ الزمنية بين كل امتحان والآخر.
6. لن يتم اعتبار أي نتيجة امتحان بعد المعولة الخامسة.



*[Signature]*  
P.O. Manassery, Mukkam  
Kozhikode, Pin 673002

Muthalam, Mukkam, Kozhikode - 673602

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# KMCT

## COLLEGE OF ALLIED HEALTH SCIENCES

Affiliated to Kerala University of Health Sciences and approved by Govt. of Kerala

### ACADEMIC YEAR

### 2021 – 2022



*[Signature]*  
Principal  
College of Allied Health Sciences  
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Kozhikode, Pin - 673602

Muthalam, Muthalam, Kozhikode - 673602

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# IELTS™

### Test Report Form

ACADEMIC

**NOTE** Admission to undergraduate and post graduate courses should be based on the ACADEMIC Reading and Writing Modules. GENERAL TRAINING Reading and Writing Modules are not designed to test the full range of language skills required for academic purposes. It is recommended that the candidate's language ability as indicated in this Test Report Form be reassessed after two years from the date of the test.

Centre Number  Date  Candidate Number

#### Candidate Details

Family Name   
First Name   
Candidate ID



Date of Birth  Sex (M/F)  Scheme Code   
Country or Region of Origin   
Country of Nationality   
First Language

#### Test Results

Listening  Reading  Writing  Speaking  Overall Band Score  CEFR Level

#### Administrator Comments



Administrator's Signature

*[Signature]*

Date

Test Report Form Number



The validity of this IELTS Test Report Form can be verified online by recognising organisations at <http://ielts.uci.es.org/uk>

Principal  
*[Signature]*  
KMCT College of Allied Health Sciences  
J. Manassery, Mukkam  
Kozhikode, Pin - 673602

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# IELTS

## Test Report Form

ACADEMIC

**NOTE:** Assessment to university, college and post graduate courses should be based on the Academic IELTS Reading and Writing Modules. IELTS Academic Reading and Writing Modules are not designed to test the test taker's language skills for non-academic purposes. It is recommended that the candidate's language ability as indicated in this Test Report Form be re-assessed after two years from the date of the test.

Centre Number  Date  Candidate Number

### Candidate Details

Family Name   
First Name   
Candidate ID



Date of Birth  Sex (MF)  Scheme Code   
Country or Region of Origin   
Country of Nationality   
First Language

### Test Results

Listening  Reading  Writing  Speaking  Overall Band Score  CEFR Level

### Administrator Comments

### Centre stamp



### Validation stamp



Administrator's Signature

*[Signature]*

Date

Test Report Form Number

The validity of this IELTS Test Report Form can be verified online by recognised organisations at [idp.ielts.org.uk](http://idp.ielts.org.uk)



*[Signature]*  
Principal  
KMCT College of Allied Health Sciences  
P.O. Manassery, Mulkam  
Kozhikode, Pin - 673602



### Department of Healthcare Professions (DHP) - Ministry of Public Health (MOPH) - State of Qatar



Name: AHAMLA MOHAMMED JANINEED	Confirmation Number: EP9000002688166
Specialty: Physiotherapist	Govt ID/Passport: V0872760
Date of Exam: 1/4/2022	Exam Center: 8907
Result: Pass	Grade: 69%

#### Diagnostic Information

Category	Number of Items Correct	Total Number of Items
Kinesiology, Biomechanics and Ergonomics	9	12
Anatomy and Physiology	14	18
Clinical Decision Making and Differential Diagnosis	8	12
Physical agents (Electrotherapy and Hydrotherapy)	10	15
Therapeutic Exercises and Techniques	8	15
Physical Therapy in Special Population (OB/GYN, Paediatrics, Geriatrics)	11	18
Cardiopulmonary Physical Therapy	8	12
Sports Physical Therapy	6	12
Neurorehabilitation	15	18
Musculoskeletal rehabilitation	14	18
<b>Total</b>	<b>103</b>	<b>150</b>

#### Prometric Authorized Signatures

This Certificate is Valid for 3 Years from Examination Date

#### Notes

- Passing this exam is one of the mandatory requirements to obtain a Medical license in the state of Qatar.
- Department of Healthcare Professions (DHP)- Ministry of Public Health (MOPH) reserves the right to re-examine or re-evaluate candidates before issuing a license.
- All other registration/licensing requirements should be fulfilled.
- For further information regarding the registration/licensing requirements, please visit the following website: [www.moph.gov.qa](http://www.moph.gov.qa) [www.qdhp.org.qa](http://www.qdhp.org.qa)
- Candidates can sit for exam for 5 consecutive times, whatever the gap between each attempt.
- Any exam result after the fifth attempt will not be considered.

#### ملاحظات هامة

- الاجاز في هذا الامتحان هو أحد متطلبات الحصول على ترخيص مزاولة المهنة في دولة قطر.
- إدارة الصحة العامة - وزارة الصحة تحفظ الحق في إعادة امتحان أو إعادة تقييم المرشحين قبل إصدار الترخيص.
- يجب تلبية كافة متطلبات التسجيل والترخيص الأخرى.
- للحصول على المزيد من المعلومات حول متطلبات التسجيل والترخيص، يرجى زيارة الموقع الإلكتروني [www.moph.gov.qa](http://www.moph.gov.qa) [www.qdhp.org.qa](http://www.qdhp.org.qa)
- يسمح بحدوث 5 محاولات متتالية دون النظر للفراغ الزمنية بين كل امتحان والآخر.
- إن يتم اختبار أي نتيجة امتحان بعد المحاولة الخامسة.



8907  
01/04/2022  
*Signature*

Principal  
KMCT College of Allied Health Sciences  
P.O. Manassery, Mukkam  
Kozhikode, Pin - 673602





# KMCT

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# IELTS

## Test Report Form

ACADEMIC

**NOTE:** Candidates in undergraduate and post graduate courses should be tested on the Academic Reading and Writing Modules. Candidates in diploma, certificate and other courses should be tested on the General Training Reading and Writing Modules. The IELTS Test Report Form is issued for a period of two years from the date of the test.

Centre Number  Date  Candidate Number

### Candidate Details

Family Name   
First Name   
Candidate ID



Date of Birth  Sex (M/F)  Scheme Code   
Country or Region of Origin   
Country of Nationality   
First Language

### Test Results

Listening  Reading  Writing  Speaking  Overall Band Score  CEFR Level

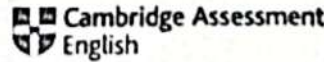
### Administrator Comments



Administrator's Signature

Date

Test Report Form Number



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Date of Issue: May 22, 2023  
Confirmation Number: 8870000002735506  
Govt ID/ Passport: W058395  
Exam Center: 8764

### Physiotherapist Examination

#### Diagnostic Information

Category	Number of Items Correct	Total Number of Items
1 Kinematics, Biomechanics and Ergonomics	8	12
2 Anatomy and Physiology	9	18
3 Clinical Decision Making and Differential Diagnosis	5	12
4 Physical Agents (Electrotherapy and Hydrotherapy)	11	15
5 Therapeutic Exercises and Techniques	7	15
6 Physical Therapy in Special Population (OB/GYN, Paediatrics, Geriatrics)	7	18



This exam was delivered by  
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Page 1 of 2

7 Cardiopulmonary Physical Therapy	8	12
8 Sports Physical Therapy	9	12
9 Neurorehabilitation	12	18
10 Musculoskeletal Rehabilitation	12	18
<b>Total</b>	<b>88</b>	<b>150</b>



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### PROMETRIC

#### Department of Healthcare Professions (DHP) - Ministry of Public Health (MOPH) - State of Qatar

	Name: AFIQINA JASIR	Confirmation Number: 88000000247242
	Specialty: Lab-Technologist	Govt ID/Passport: P2648567
	Date of Exam: 1/12/2021	Exam Center: 8907
	Result: Pass	Grade: 59%

#### Diagnostic Information

Category	Number of Items Correct	Total Number of Items
Blood Bank	17	25
Urinanalysis And Other Body Fluids	8	11
Clinical Chemistry	11	25
Hematology	15	25
Immunology And Serology	6	12
Histo And Cyto Techniques	6	11
Microbiology	11	25
Laboratory Operations	5	8
Patient Safety And Professionalism	4	8
<b>Total</b>	<b>89</b>	<b>150</b>

Prometric Authorized Signature


This Certificate is Valid for 3 Years from Examination Date

#### Notes

- Passing this exam is one of the mandatory requirements to obtain a Medical license in the state of Qatar.
- Department of Healthcare Professions (DHP) - Ministry of Public Health (MOPH) reserves the right to re-examine or re-evaluate candidates before issuing a license.
- All other registration/licensing requirements should be fulfilled.
- For further information regarding the registration/licensing requirements, please visit the following website: [www.moph.gov.qa](http://www.moph.gov.qa) or [www.qchp.org.qa](http://www.qchp.org.qa).
- Candidates can sit for exam for 5 consecutive times, whatever the gap between each attempt.
- Any exam result after the fifth attempt will not be considered.

#### ملاحظات هامة

- المرحح في هذا الامتحان هو أحد متطلبات الحصول على ترخيص مزاولة المهنة في دولة قطر.
- إدارة الصحة المهنية التابعة لوزارة الصحة العامة تحفظ لنفسها الحق في إعادة اختبار أو إعادة تقييم المرشحين قبل إصدار الترخيص.
- يجب تلبية كافة متطلبات التسجيل والترخيص الاخرى.
- للحصول على المزيد من المعلومات حول متطلبات التسجيل والترخيص، يرجى زيارة المواقع التالية: [www.moph.gov.qa](http://www.moph.gov.qa) أو [www.qchp.org.qa](http://www.qchp.org.qa).
- يسمح بمحاول الامتحان التامهي 5 مرات متتالية دون النظر لتفوقه الزمنية بين كل محاولة و الاخر.
- ان يتم الاعساب او نتيجة امتحان بعد المحاولة الخامسة.

8907  
1/12/2021  




Principal  
KMCT College of Allied Health Sciences  
P.O. Manassery, Mukkam  
Kozhikode, Pin - 673602

Muthalam, Mukkam, Kozhikode - 673602

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### ACADEMIC YEAR

### 2019- 2020

  
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Kozhikode, Pin - 673502

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UNITED ARAB EMIRATES  
MINISTRY OF HEALTH & PREVENTIVE



الجمهورية العربية المتحدة  
الوزارة العامة للصحة والوقاية

Form: 78/02/2028

### Evaluation Letter

**Reference Number** 274204  
**Name** MUHAMMED SHIBLY  
**Nationality** Indian  
**Specialty 1** Physiotherapy  
**Title 1** Physiotherapist  
**Privilege**  
**Validity of the letter** 27/02/2028  
**Remarks**

### خطاب تقييم

الرقم المرجعي

الاسم

الجنسية

التخصص 1

المسمى 1

الصلاحية

مدة صلاحية الخطاب

ملاحظات:

### Important Notes

- This letter is not a license, and the holder should complete licensing process prior to practice in health-related field.
- This letter is issued one time to obtain a license to practice the profession and does not require renewal as long as the license is valid within the UAE. As for the practice outside the country, the period must not exceed the validity of this letter.
- Issuance of the license will rely on the gap of practice and not the validity of this letter.
- Any changes or alterations, this letter will be cancelled.

### ملاحظات مهمة

- هذا الخطاب ليس ترخيصاً ولا يمكن العمل به، وعلى حيازة الترخيص الإماراتي الكامل.
- يتم إصدار هذا الخطاب لمرة واحدة للحصول على ترخيص لممارسة المهنة ولا يتطلب التجديد طالما كان الترخيص ساري المفعول، أما لممارسة المهنة خارج الدولة يجب أن لا تتجاوز المدة صلاحية هذا الخطاب.
- إصدار الترخيص سيعتمد على الفجوة من الممارسة وليس مدة صلاحية هذا الخطاب.
- أي تغيير أو تعديل، يعتبر الخطاب لاغياً.

This is a system-generated document, and it does not require a signature. For validation, please scan the barcode below.

هذا اعتماد هذا الخطاب الترخيصي ولا يحتاج لحجم أو اعتماد، والتأكد من صحة الخطاب برمز مسح الباركود، في أسفل الوثيقة.



To Verify, SCAN HERE  
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or click on the QR Code



إكسبو 2020  
EXPO 2020  
DUBAI UNITED ARAB EMIRATES



Principal  
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# ACADEMIC YEAR 2018 -2019



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### QCHP



## PROMETRIC

### Qatar Council for Healthcare Practitioners



Name: SAJA MARIYAM	Confirmation Number: 889060002436775
Specialty: Lab Technologist	Govt ID/Passport: 15529113
Date of Exam: 12/19/2019	Exam Center: 8907
Result: Pass	Grade: 57%

#### Diagnostic Information

Category	Number of Items Correct	Total Number of Items
Safety, Quality Control and Ethics	3	8
Bacteriology	7	15
Virology	2	5
Mycology	3	5
Immunology	2	5
Parasitology	2	5
Hematology	10	14
Blood Bank	7	10
Biochemistry	9	17
Hormones	3	5
Urinalysis	4	4
Genetics	5	7
<b>Total</b>	<b>57</b>	<b>100</b>

Prometric Authorized Signature

This Certificate is Valid for 3 Years from Examination Date

#### Notes

- Passing this exam is one of the mandatory requirements to obtain a Medical license in the state of Qatar.
- Qatar Council for Healthcare Practitioners (QCHP) reserves the right to re-examine or re-evaluate candidates before issuing a license.
- All other registration/licensing requirements should be fulfilled.
- For further information regarding the registration/licensing requirements, please visit the following website [www.qchp.org.qa](http://www.qchp.org.qa).
- Candidates can sit for exam for 3 consecutive times, whatever the gap between each attempt.
- Candidates who failed to pass the exam for the third time will be permitted for two more attempts with six months mandatory gap in each, however, the total number of attempts should not exceed 5.
- Any exam result after the fifth attempt will not be considered.

#### ملاحظات هامة

- التحاق في هذا الإختبار هو أحد متطلبات الحصول على ترخيص مزاولة المهنة في دولة قطر.
- مجلس المهن الطبية في قطر يحتفظ بحق إعادة تقييم أو إعادة امتحان المرشحين قبل إصدار الترخيص.
- يجب تلبية كافة متطلبات التسجيل والترخيص الأخرى.
- للحصول على المزيد من المعلومات حول متطلبات التسجيل والترخيص، يرجى زيارة الموقع الإلكتروني [www.qchp.org.qa](http://www.qchp.org.qa).
- يسمح بحدوث الامتحان المتتالي لـ 3 مرات متتالية دون النظر لفاصل الزمنية بين كل امتحان و الآخر.
- في حال عدم اجتياز الامتحان المتتالي في المرة الثالثة و أكثر في الترمين، سيتم السماح للمرشحين بـ 2 امتحان لمرة أخرى، مع السماح بفاصل زمني قدره ستة اشهر بين كل امتحان و الآخر، مع الحد من عدد المرات في ذات التخصص.
- ان يتم اعتبار أي نتيجة امتحان بعد المحاولة الخامسة.

8907  
12/19/2019  
*[Signature]*



Principal  
KMCT College of Allied Health Sciences  
P.O. Muthalam, Mukkam  
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