



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

STUDENTS QUALIFYING IN STATE/NATIONAL / INTERNATIONAL LEVEL/EXAMINATION PASS CERTIFICATES



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ACADEMIC YEAR 2022-2023



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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.
- لتحطيق 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_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.

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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>

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

Notes:

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ملاحظات:

- يتم اصدار هذه الشهادة إلكترونياً 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/sheryan/wps/portal/home/services-professional/online-verification>

CP_93F-03



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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-NC 14543



ALTE
C2/1B



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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, Location, date

Prüfungsausschreibender - 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:

Name of Registrant :	Maneesha Manuel
Registration number :	PH133176
Date of birth :	08-06-1998
Registration status :	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.
Registered address :	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

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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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

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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:

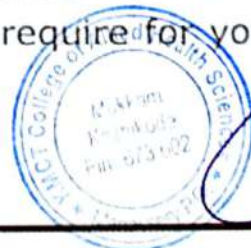
Date issued: 4/11/2023

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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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

Are you a test taker?

Send your official results by following the instructions at englishtest.duolingo.com/sharing. For any questions email test taker support at englishtest-support@duolingo.com.

Are you a school administrator?



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ZULAINHA PALLIPARAMBIL MUSSAIN

Date of Exam: Apr 27, 2023
Confirmation Number: 889000002886226
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

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

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

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: www.dhp.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 مهنة في دولة قطر.
2. يحتفظ إدارة المهن الصحية، وزارة الصحة العامة بحق إعادة اختبار 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: www.dhp.gov.qa
5. يمكن حضور الامتحان المتتالي 3 مرات متتالية دون النظر للفراغ الزمنية بين كل امتحان والآخر.
6. لن يتم احتساب أي نتيجة امتحان بعد المحاولة الأولى.



[Signature]
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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
Total	96	150

Prometric Authorized Signature

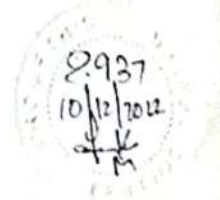
This Certificate is Valid for 3 Years from Examination Date

Notes

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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 www.moph.gov.qa 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 والترخيص الأخرى.
4. للحصول على المزيد من المعلومات حول متطلبات التسجيل والترخيص، يرجى زيارة المواقع التالية www.moph.gov.qa www.qchp.org.qa
5. يسمح بمتابعة الامتحان التأملي 5 مرات متتالية دون النظر لتفراغ الزمنية بين كل امتحان والآخر.
6. لن يتم اعتبار أي نتيجة امتحان بعد المعولة الخامسة.



[Signature]
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ACADEMIC YEAR

2021 – 2022



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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	IN855	Date	12/MAR/2022	Candidate Number	792622
---------------	-------	------	-------------	------------------	--------

Candidate Details

Family Name	-
First Name	RANA
Candidate ID	V2114447

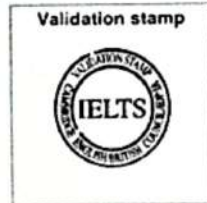


Date of Birth	18/04/1997	Sex (M/F)	F	Scheme Code	Private Candidate
Country or Region of Origin					
Country of Nationality	INDIA				
First Language	MALAYALAM				

Test Results

Listening	7.0	Reading	6.5	Writing	6.0	Speaking	6.5	Overall Band Score	6.5	CEFR Level	B2
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Administrator Comments



Administrator's Signature

Date: 05/04/2022

Test Report Form Number: 21IN792622TR855A



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ACADEMIC

NOTE: Assessment to university, college and post graduate courses should be based on the IELTS Academic 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

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INNOVATION AND ENTREPRENEURSHIP DEVELOPMENT CENTRE



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



Name: NIAMLA MOHAMMED JANMIED	Confirmation Number: EP0000002681166
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
Total	103	150

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 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 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
Shanf

(Signature)

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IELTS

Test Report Form

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NOTE: Candidates in undergraduate and post graduate courses should be tested in the Academic Reading and Writing Modules. Candidates in diploma, certificate and other courses should be tested in 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: 01/MAY/2022 Candidate Number: []

Candidate Details

Family Name: PURAJULATH MOHAMMED HUSSAIN
First Name: SUMAYYA BEEVI
Candidate ID: []



Date of Birth: 11/06/1996 Sex (M/F): F Scheme Code: Private Candidate
Country or Region of Origin: []
Country of Nationality: INDIA
First Language: MALAYALAM

Test Results

Listening: 8.0 Reading: 7.0 Writing: 6.0 Speaking: 6.0 Overall Band Score: 7.0 CEFR Level: C1

Administrator Comments

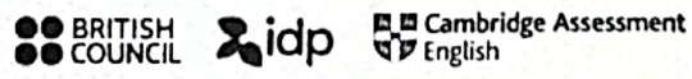
[]



Administrator's Signature: [Signature]

Date: 06/05/2022

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



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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
Total	88	150



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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: 50%

Diagnostic Information

Category	Number of Items Correct	Total Number of Items
Blood Bank	17	25
Urinalysis 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
Total	89	150

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 or 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 العامة (DHP) - وزارة الصحة العامة (MOPH) تحتفظ بحق 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 أو www.qchp.org.qa.
- يسمح بمحاول الامتحان التمهيدى 5 مرات متتالية دون النظر لتفوقه الزمنية بين كل محاولة و الاخرى.
- ان يتم الاعجاب او نتيجة امتحان بعد المحاولة الخامسة.

8907
1/12/2021




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ACADEMIC YEAR

2019- 2020


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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 إكمال إجراءات الترخيص.
- يتم إصدار هذا الخطاب لمرة واحدة للحصول على ترخيص لممارسة المهنة ولا يتطلب التجديد طالما كان الترخيص ساري المفعول، أما بالممارسة 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.

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هذا اعتماد هذا الخطاب الترخيص ولا يحتاج إلى توقيع أو اعتماد، لذلك من صحة الخطاب في كل مرة عند استخدامه، يرجى المسح بالرمز.



To Verify, SCAN HERE
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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
Total	57	100

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.
- 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 الاختبار هو أحد متطلبات الحصول على ترخيص مزاولة المهنة في دولة قطر.
- مجلس المهن الطبية في دولة قطر يحفظ لنفسه الحق في إعادة اختبار 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.qchp.org.qa.
- يسمح بحدوث الامتحان المتتالي لـ 3 مرات متتالية دون النظر لفاصل الزماني بين كل امتحان والآخر.
- في حال عدم اجتياز الامتحان المتتالي في المرة الثالثة، ترعى المرشح في التقدم لامتحان لمرات أخرى، ويسمح بالتقدم بالامتحان وتلك بحدود مرة كل 6 أشهر ولا يزيد إجمالي عدد المرات عن 5 مرات بعد الفشل في ذات التخصص.
- إن يتم الفشل في نتيجة امتحان بعد المحاولة الخامسة.

8907
12/19/2019
[Signature]



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