



# THE BEIT TRUST

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## BEIT TRUST POSTGRADUATE SCHOLARSHIP

Intake 2024/2025

### MEDICAL CERTIFICATE

Date: .....

Doctor's Name: .....

Doctor's Professional Qualifications: .....

Doctor's Address: .....

.....

I have examined .....,  
an applicant for a Beit Trust postgraduate scholarship. From my knowledge of the applicant's history and as a result of my examination, it is my opinion that the applicant is in good health mentally, emotionally and physically, and is free from all communicable diseases. Nor has the applicant suffered during the past ten years from any disorder likely to recur and impair activities in postgraduate work.

Doctor's Signature: .....

If you think it necessary to explain or qualify any of the statements in this certificate, please add your comments below.

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