



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:

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I have examined,
an applicant for a Beit Trust postgraduate scholarship. From my knowledge of the applicant's history and
following my examination, it is my opinion that the applicant is in good health mentally, emotionally and
physically, and is fit to travel, undertake and successfully complete a period of intensive study at a high academic
level.

Doctor's Signature:

Practice Stamp:

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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