



# THE BEIT TRUST

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## BEIT TRUST POSTGRADUATE SCHOLARSHIP

Intake 2025/2026

### 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  
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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