



# MASTERSKILL

UNIVERSITY COLLEGE of HEALTH SCIENCES  
(KPT/PS/CO/TUS/825)

**CERTIFIED TRUE COPY**

**ROHAIZA MUSTAFFA**  
Senior Human Resource Executive

Ref : MUCH(A&R)/1/01-200703-00657  
Date : 02 June 2010

**TO WHOM IT MAY CONCERN**

Mr. / Madam

**NAME : NORSHAHKINAH BINTI MOHAMMAD NOR**  
**I/C NO. : 870802-04-5112**  
**I/D NO. : 01-200703-00657**

I hereby certify that **NORSHAHKINAH BINTI MOHAMMAD NOR** is a student of Masterskill University College of Health Sciences since Semester June 2007 academic session. She is doing **Diploma in Physiotherapy**. She will be completing her studies by the end of June 2010.

Thank you.

Yours sincerely  
**Masterskill University College of Health Sciences**

**(YUVA PRASAD A/L PAIDANAIKU)**  
Assistant Manager, Admission & Records

**Note:**

*This confirmation is subject to fulfilling the criteria of completing all subjects and the total credit hours as stated in the specified curriculum; including the requirement of obtaining C and above in all subjects.*