**NOMINATION FOR NEW EXAMINERS (EXAMINATION)**

1. **KULLIYYAH OF MEDICINE (Local)**

**Master of Medicine (xx) May 2025 Examination**

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| **No** | **Name** | **Department/ University** | **Specialization/ Programme** |
| 1. |  | Kulliyyah of Medicine, Indera Mahkota Campus, IIUMKuantan 25200, Pahang | Master of Medicine (Radiology) |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |
| 6. |  |
| 7. |  |
| 8. |  |
| 9. |  |
| 10. |  | Pusat Perubatan Universiti Kebangsaan Malaysia56000 Cheras, Kuala Lumpur | Master of Medicine (Radiology) |
| 11. |  |
| 12. |  |