

**The 19<sup>th</sup> CTO Club**

Dates : June 15 – 16, 2018

Venues : WINC AICHI, Nagoya, Japan



## Medical Intern Certificate

Name \_\_\_\_\_

Occupation \_\_\_\_\_

Institution's Name \_\_\_\_\_

Address of Institution \_\_\_\_\_

I certify that the person above is taking a medical internship in our institution,

Date \_\_\_\_\_

The Certifier's Signature \_\_\_\_\_

The Certifier's Occupation \_\_\_\_\_