For Medical Students

CERTIFICATE

We hereby certify that the below individual is a Medical Students.

< Participant>

Name :

Affiliate :

E-mail :

< Supervisor Approval>

Name :

Title :

(Ex: Professor, Dean, Director)

Signature :

\*Photo copy of participant’s Student ID.

APSCI 2019 Registration Desk (KNT-CT Global Travel. Co., Ltd.)
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