

J guukiej gu'Nepf gur t'Äwpi u''w'pf"
Wpvgtuvej wpi uco vko 'I guwpf j gkuy gugg"
Y cngt/O ¾ngt/Rrcv'3"
8265; 'Hicpnhtw'co 'O clp"

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Certificate

Name:

Surname:

date of birth:

place of birth:

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eqo r rgygf 'f wtkpi 'vj g'rcuv' { get 'qh'j kulj gt'erkpkrcn'uwf lgu'c' uwdkpvgt'uj kr lgrge'v'xg'lp"

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name of specialty:

_____ "

from

_____ **to** _____
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name of medical school or teaching hospital:

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Vj ku'gf wecvkqp'eqo r tkugf 'vj g'hqmy kpi <

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F cvg.'Rrcg-< " _____

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Ugcn'qh'vj g'o gf kecn'uej qqnh'gej kpi 'j qur kcn' "

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Uki pcwtg'qh'r j { ulekp'lp'ej cti g'qh'o gf kecn'gf wecvkqp"