

AOSPR 2015 Form of Certification

To: Dr. Shunsuke Nosaka,

Congress President of AOSPR 2015 & 51ST JSPR

This is to certify that the applicant indicated below has been working at our institute for aperiod stated below.

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| Name of applicant: |  |
| Nationality: |  |
| Name of Institution: |  |
| Period of stay: |  |
| Specialty: |  |

|  |  |
| --- | --- |
| Date: |  |
| Certified by: |  |
| Name of Institution: |  |
| Address: |  |

Authorized Signature