

Proof of Status Junior Dermatologist

.....
(Name of the Department/Hospital)

Date / /

Name of Hospital/Organization*:

Address*:

RE: Proof of Status - Junior Dermatologist

To whom it may concern,

This is to certify that (name of the Junior Dermatologist) graduated in (Year of graduation) is currently working as a Junior Dermatologist at the (department/hospital) from (Date) till present.

Sincerely,

.....
(Signature)

.....
(Name)

Head of the Department

.....
(Name of the organization)

Stamp :

.....