

LOCAL IFMSA
E.M.S.A.
AIN SHAMS

AUGUST 92



IFMSA

CERTIFICATE

This is to certify that the medical student

.....CARLETTA GENOYESE.....

has completed his/her clerkship at the department/clinic of

.....SURGERY.....

During the period of . 1/8/92 . to . 31/8/92

The student has fulfilled the requirement for the professional exchange according to the regulations of the IFMSA (International Federation of Medical Students Associations).

The student has been eager to learn and has meritoriously performed the challenging tasks present at the department/clinic.

The student has taken an active part in the work and has in many ways contributed notable service to the clinic.

Chief of clinic

Local/National
Exchange Officer

Director
of
SCOPE