

[Doctor's Certificate]

Date: [2/5/2003]

To Whom It May Concern,

This is to certify that Mr. Moustafa Darwish has successfully completed his medical education and training. He has demonstrated competence in the field of medicine and has been awarded the necessary qualifications and licenses to practice as a doctor.

Mr. Darwish has undergone rigorous academic and clinical training, including medical school education and residency programs. He has proven himself to be knowledgeable and skilled in diagnosing and treating medical conditions, as well as providing appropriate care to patients. Mr. Moustafa Darwish is duly authorized and qualified to practice medicine within the scope of his expertise.

If you have any further inquiries regarding Mr. Darwish's credentials or qualifications, please do not hesitate to contact me at the provided contact details.

Sincerely,

[Doctor's Name]

[Doctor's Title/Position]

[Doctor's Contact Information]