

# ENROULLEMENT

Matricule **MED-1643-654**

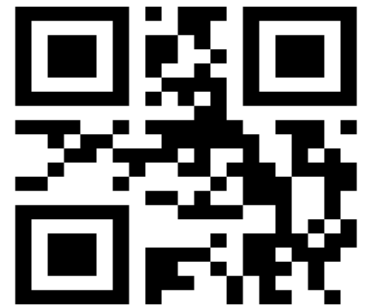
Prenom **Mohamed**

Nom **sene**

Email **gningahmed01@gmail.com**

Telephone **771002589**

Fonction **MEDECIN**



-----