Jane Official

Signature

3624 Market Street
Philadelphia PA 19104-2685 USA
215-386-5900 | 215-966-3124 Fax
www.ecfmg.org

Nov 8, 2021



Name of Record: Costa Lacloud Name on Credential: Costa Lacloud

institution.

Date of Birth: Jun 5, 2001 ECFMG ID: ECFMG-00000076

11/8/2021

Date of signature

The individual identified on this form has authorized ECFMG to contact your institution to request verification of the attached credential(s). Please complete the appropriate section of this verification form to certify whether you are able to confirm that this credential is authentic and correct, and return the completed form as well as the attached credential directly to ECFMG. If the above Names and/or Date of Birth do not match your records, please notify ECFMG.

I hereby certify that the attached credential is authentic and correct, and that I am authorized to certify this on behalf of my

	Jane Official	
CERTIFY	Printed name Senior Administrator Job title at institution ECFMG University Name of institution jane.official@ecfmgu.edu E-mail address at which you can be contacted	Place Official Seal/Stamp above, if applicable
	·	
I <u>cannot</u> certify that the attached credential is authentic and correct due to the following reason(s) (attach additional sheet(s) if necessary):		
FY	Signature	Date of signature
CERTI	Printed name	
CANNOT CERTIFY		
CAN	Job title at institution	
	Name of institution	Place Official Seal/Stamp above, if applicable
	E-mail address at which you can be contacted	
If you have any questions about this verification form, please contact ECEMG at deanshox@ecfmg.org.		

If you have any questions about this verification form, please contact ECFMG at deansbox@ecfmg.org.

C-22919 Revised Feb 2021



ELECTRONIC PORTFOLIO OF INTERNATIONAL CREDENTIALS



Final Medical Diploma

VERIFICATION REPORT

saranya m

Report Issued: 08 June 2021

Issued to: Cureambit Private Limited

Mumbai, INDIA

Inclusions: Verification Report, Verified Credential,

Translation of credential, Verification Form

Candidate Details

Last Name: Physician

Rest of Name: John

Generational Suffix:

Date of Birth: 01 January 1990

Gender: Male

EPIC ID: C-MS083255



Photo provided by candidate.

Credential Details

Name on Document: John Physician

Type of Credential: Final Medical Diploma

Status of Credential: **VERIFIED**

Medical School: ECFMG University

Pennsylvania, UNITED STATES

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John Physician

THE DEGREE OF

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