



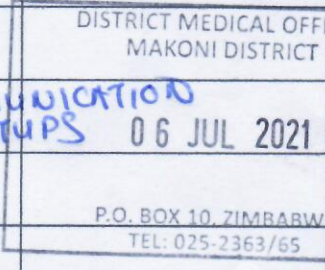
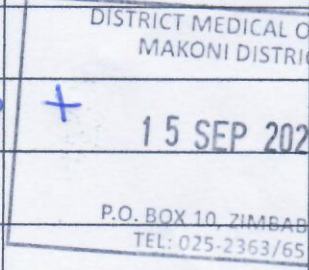


NAME

SAMUEL NYAMUPFUNDI.

Date	Category	Topic	Stamped/Signed by
5/5/21	2	IMAGING (MEDICAL) & COVID 19	 
9/5/21	2	MEDICAL IMAGING & COVID 19 PART 2	 
6/7/21	8	PICTURE ARCHIVING & COMMUNICATION SYSTEMS FOR RURAL SETUPS	
15/9/21	8	PACS FOR RURAL SETUPS DICOM FOR CLINICIANS	

This page X 12 pages