

























CERTIFICATE OF APPEARANCE

TO WHOM IT MAY CONCERN:

| This is to certify that | of the | | |
|--------------------------------|------------------------------|----------------------|------------------------|
| | (name) | | (office) |
| | appeared in this office on | | |
| | | | (date) |
| atto _attend the | Opening Ceremony and Student | Category Competition | ns of the 6th Regional |
| (time) | (purpo | ose) | |
| Health Research Conference, an | d departed on | at | |
| | (date | e) | (time) |

ENGR. ROMELA N. RATILLA, DPA

Regional Director





This Certificate is valid only if with no erasures or alterations.