

MEDICAL CERTIFICATE

Date

TO WHOM IT MAY CONCERN:

This is to certify that I have examined _____ (Name of Applicant) _____ and found him/her to be physically and mentally fit to undergo graduate studies.

This certification is issued in connection with his/her application for scholarship under master's/doctoral program of the Engineering Research and Development for Technology (ERDT).

Health Agency

Name (Print) and Signature of Licensed
Physician

Address

PRC License No.