



ENGINEERING RESEARCH AND DEVELOPMENT FOR TECHNOLOGY (ERDT) SCHOLARSHIP PROGRAM

MEDICAL CERTIFICATE

	Date
TO WHOM IT MAY CONCERN:	
This is to certify that I have examine	
him/her to be physically and mentally fit to	(Name of Applicant) undergo graduate studies.
	ction with his/her application for scholarship under ering Research and Development for Technology
Health Agency	Name (Print) and Signature of Licensed Physician
Address	PRC License No.