



คณะแพทยศาสตร์ โรงพยาบาลรามาธิบodi มหาวิทยาลัยมหิดล

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Month Day, Year

TO WHOM IT MAY CONCERN:

This is to certify that **Mr./Miss/Mrs. XXX YYYY, M.D.**, is currently a **first-year** resident/fellow in **Surgery**, Department of **Surgery**, Faculty of Medicine Ramathibodi Hospital, Mahidol University, Bangkok, Thailand. His/Her **four**-year training program has started on Month Day, Year and will finish on Month Day, Year.

Should you have any questions with regard to his/her status please do not hesitate to contact our office, +66 2201 1853.

Sincerely Yours,

Signature

Name Surname

Deputy Dean for Graduate Education

Faculty of Medicine Ramathibodi Hospital

Mahidol University