

CERTIFICATE OF PARTICIPATION

This is to certify that

of TAMILNARY.. Medical council, fromVELS.......Medical college, conducted atVELS..MEDICAL...COLLEGE...A.HOSPITAL from .23.08:23 to .25:08:23 .ፕ.ነጽኦሃለ LL U. has participated as Resource faculty in Basic Course in Medical Education Dr....PRINCE...JOHNSON...SAMUEL....., bearing registration number.....62448...

MEU Co-ordinator

NMC Co-ordinator

Dean/Principal



