



คณะแพทยศาสตร์ โรงพยาบาลรามาธิบดี มหาวิทยาลัยมหิดล

ถนนพระราม 6 กทม. 10400

โทร. (662) 354-7275, 201-1296 โทรสาร (662) 354-7233

Faculty of Medicine, Ramathibodi Hospital, Mahidol University

Rama VI Road, Bangkok 10400, Thailand

Tel. (662) 354-7275, 201-1296 Fax (662) 354-7233

Month Day, Year

TO WHOM IT MAY CONCERN:

This is to certify that **Mr./Miss/Mrs. XXX YYYY, M.D.**, has successfully completed The **Residency/Fellowship** Training Program in **Surgery**, Department of **Surgery**, Faculty of Medicine Ramathibodi Hospital, Mahidol University, Bangkok, Thailand 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