

Department of PhDstudy



**Academic year ………./……….**

**CONFIRMATION**

The dean's office of the Second Faculty of Medicine confirms that

……………………………………………………………

Born on ………………………………… in ……….………………………………………..

is the student of a doctoral study programme ……………………………………….……….

in the … year of **full-time / part-time studies**.

This confirmation is issued for this reason: ……………………………………………………..

…………………………………………………………………………

In Prague, dated ..............

 ……………………………………………

 stamp and signature