

Confirmation Letter of Provisional Acceptance

To President of JSUM

Date of Issue: / /
(Year/Month/Day)

Applicants Name:

Nationality:

Date of Birth:

Age:

I shall be delighted to accept the above mentioned person at my department as a training / research doctor of JSUM Fellowship, if the JSUM accepts him or her.

Full name (Printed) : _____

(Signature) : _____

Institute: _____