

Special selection for
working applicants

Graduate School of Medicine, Kyoto University
Doctoral Program in Public Health 2024

Certificate of Employment Period

Name in Katakana

Name _____

Date of Birth / / (in western calendar)

This is to certify that the above mentioned person is currently employed was employed) as follows.

Name of the
Institute/Company :

Employment From / /
Period : To / / (Total: ___Years___Months)

Position Name: (Full-time/Tenure)

Date: / /

Position of Certifier
Name of Certifier

Official seal
or institution/company seal