

Graduate School of Medicine, Kyoto University  
Doctoral Program in Public Health 2025

Eligibility Requirement	7
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## Certificate of Employment Period

Name in Katakana

Name \_\_\_\_\_

Date of Birth        /        /        (in western calendar)

This is to certify that the above mentioned person        

<input type="checkbox"/> is currently employed	) as follows.
<input type="checkbox"/> was employed	

Name of the  
Institute/Company :

Employment        From        /        /        (Total: \_\_\_\_Years \_\_\_\_Months)  
Period        :        To        /        /

Position Name:        (Full-time/Tenure)

\* Assignment to research institute.  
(Fill in the following if you have been dispatched to a research institute as an employer of a private company)

Name of the Research Institute:

Assignment dispatched period:        /        /        ~        /        /

Date:        /        /

Position of Certifier  
Name of Certifier

Official seal  
or institution/company seal