

Special Selection for
Working Applicants

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

Eligibility
Requirement

6

Eligibility Requirement 6: Only for special selection for working applicants

Certificate of Employment

Name in Katakana

Name _____

Date of Birth / / (Western Calendar)

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

Name of the Institute/Company:

Appointment date : / /

Position Name : (Full-time(Tenure) / Part-time)

* 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