

Graduate School of Medicine, Kyoto University
Doctoral Program in Public Health 2026

Eligibility
Requirement

7

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)

* 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