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Sample

Verification of Research and Work Experience History

Application no. (Office use only)	

№1

Date： DD/MM/2017

To Dean, Nagasaki University Graduate School of Biomedical Sciences

Person verifying: ■■ ■■

Position: Hospital Director, Nagasaki University Hospital

Signature/Seal

I verify that the individual stated below has undertaken the following research/work.

Name	Taro Nagasaki			
Period of Research/Work	From(01/04/2004) :	To(31/03/2006) :	Position	Resident
Period of Research/Work	From(01/04/2006) :	To(30/09/2008) :	Position	Doctor
Period of Research/Work	From(DD/MM/YYYY) :	To(DD/MM/YYYY) :	Position	
Period of Research/Work	From(DD/MM/YYYY) :	To(DD/MM/YYYY) :	Position	

Past research/work and how it relates to your future research plan

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Verification of Research and Work Experience History

Entry no. (Office use only)		Name	Taro Nagasaki

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