

**UNIVERSITY OF RUHUNA**



**FACULTY OF MEDICINE**

**GALLE - SRI LANKA**

# **Certificate of Completion** **of Elective Training Programme**

*Awarded to Mr/Ms -----*

*Training Period from ----- to -----*

*Number of Credits earned ----- (Based on University approved Sri Lankan credit value calculation system)*

***Discipline:***

- 1)
- 2)
- 3)

***Duration:***

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Dean of Faculty of Medicine

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Co-ordinator of Elective Student Programme