





ENGINEERING RESEARCH AND DEVELOPMENT FOR TECHNOLOGY (ERDT) SCHOLARSHIP PROGRAM

MEDICAL CERTIFICATE

	Date
TO WHOM IT MAY CONCERN:	
This is to certify that I have examined	
him/her to be physically and mentally fit to u	(Name of Applicant) ndergo graduate studies.
	ion with his/her application for scholarship undering Research and Development for Technology
Health Agency	Name (Print) and Signature of Licensed Physician
Address	PRC License No.