CERTIFICATE FOR POSTGRADUATE DELEGATE REGISTRATION

Dermacon International 2027

(To be printed on the Official Letterhead of the Medical College/Hospital)

TO WHOMSOEVER IT MAY CONCERN

This is to certify that Dr. _____ is a bona fide Second Year / Third Year Postgraduate Resident (MD Dermatology, Venereology & Leprosy) in the Department of Dermatology, Venereology & Leprosy at _____ Medical College & Hospital.

The candidate is currently pursuing the MD postgraduate training under my supervision and is expected to complete the MD course in _____, subject to successful fulfillment of all academic, university, and regulatory requirements.

This certificate is issued specifically to certify the candidate's current postgraduate status for Postgraduate Delegate Registration at Dermacon International 2027, and may be used for registration and other conference-related purposes.

I certify that the above information is true and correct to the best of my knowledge.

Date: _____

Place: _____

Signature of Head of Department

Dr. _____
Professor & Head
Department of Dermatology, Venereology & Leprosy
_____ Medical College & Hospital

Official Seal of the Institution