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6th WORLD CONGRESS

INTERNATIONAL ACADEMY OF ORAL ONCOLOGY (IAOO)

17-20 May 2017

Shangri-La, Bangalore | India



POST GRADUATE CERTIFICATE

Date:

Address of Institution:

This is to certify that Dr _____

is a post graduate student at the Department _____

with tenure from _____ to _____. He/She will be a post-graduate student in May 2017 at the time of IA00 2017.

Dr. _____

Head of the Department

Stamp