

(Article 6)

No. —

Name

Date of birth dd / mm / yyyy

Acceptance decision letter

This is to notify the above-named that you have been accepted as a trainee in the International Training Program for Radiological Protection, Institute of Radiation Emergency Medicine, Hirosaki University

Acceptance period from dd/mm/yyyy to dd/mm/yyyy

Date dd / mm / yyyy

Institute of Radiation Emergency Medicine
Hirosaki University

Director
