

Clerkship Certificate

~~XXXX~~ / Mr. Gabor TOTH
First name Last name Registration number

Born on 24/03/1989
Day Month Year

Has performed a clerkship in neurosurgery
Clinical subject

from 03/12/2012
Day Month Year

to 21/12/2012
Day Month Year

in:

Name of institution (hospital + department) General hospital of Vienna / Department of Neurosurgery
Contact address, phone, email Waehringer Guertel 18-20 1090 Vienna Austria Tel.: 00431 / 40400 / 4560
Head of institution (department/division) Univ.Prof.Dr. E. Knosp
Name of supervisor Ao.Univ.Prof.Dr. A. Gruber

The student has completed the clerkship with ~~without~~ ^{XXXXXX} success.

Additional remarks:

Head of Department:

21.12.2012, Univ.Prof.Dr. E. Knosp

Seal

14. 

Date, Name, Signature

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