



UNIVERSITY OF MEDICAL SCIENCES
LAJE ROAD, ONDO CITY, ONDO STATE

CERTIFICATE OF HONOUR

DATE _____

I Prof/Dr./Mr./Miss: _____ of _____

Department hereby certify on my

Honour that the sum of _____ (N)

Was paid on behalf of the University of Medical Sciences for.

And that no official receipt was obtained for the purpose stated above.

I wish to request that this Certificate of Honour be taken in new of official receipt

Signature _____ Date _____

Name _____

Designation _____

Approved by:

Signature _____ Date _____

Name _____

Designation _____



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