Date: \_\_\_\_\_\_\_\_\_\_\_\_

[**Experience Certificate**](https://namozagy.com/%D9%86%D9%85%D9%88%D8%B0%D8%AC-%D8%B4%D9%87%D8%A7%D8%AF%D8%A9-%D8%AE%D8%A8%D8%B1%D8%A9/)

**To Whom It May Concern**

Hospital / …...........................….. acknowledges that the doctor, Mr. ….............................................................. has worked for us within the medical team in the hospital ranks between the year …….. until the year …….. and during that period we witness him with competence and experience, whether in the scientific aspect or Practical, in addition to his ability to withstand the pressures of work tirelessly.

……........................…. And this is a testimony from us to that, the signature of the director of the hospital