

Date: _____

CERTIFICATE

This is to certify that _____ is a bona fide student of _____.
He/she studying in _____ Year as a Post Graduate in Department of General Surgery during the academic year 2024 – 2025.

This Certificate is issued as per his/her request for presenting Paper/Poster/ Video in KSCASION 2025 Conference being Held on 14th – 16th of February 2025.

**Prof. & Unit Head / HOD of the Department
Department of General Surgery**