**SUBJECT:** Confirmation of participation as demonstrator

We confirm, that **……………………………………….**, a student of **…….** year of First Faculty of Medicine, participated as a demonstrator of practical training at the Institute of Physiology

in WINTER / SUMMER semester of the academic year **……………………**

during the whole academic year **…………………….**

**Prof. Otomar Kittnar, MD., CSc.**

**Head of the Institute of Physiology**