**SUBJECT:** Confirmation of participation as demonstrator

We confirm, that **………………………………** a student of **…...** year of First Faculty of Medicine

born on **………………..,** participated as a demonstrator at the Institute of Histology and Embryology

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

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

Doc. Tomáš Kučera, MD., Ph.D.