



## **CERTIFICATE OF ATTENDANCE**

		Name of the	host institu	ution:				
Mr./Ms	דו	IS HEREBY						
	(name of the home institution)							
programme	the teaching at our institution	on between						
day	month	year	da	ıy	month		year	
Duration of	the teaching as	signment: 8 I	hours					
Date			Stamp and Signature					
Name of th	e signatory:							
Function:								