



**МІНІСТЕРСТВО ОХОРОНИ
ЗДОРОВ'Я УКРАЇНИ
УКРАЇНСЬКА МЕДИНА
СТОМАТОЛОГІЧНА АКАДЕМІЯ**

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**MINISTRY OF HEALTH OF
UKRAINE
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На № _____

AUTHORIZATION LETTER

This letter is to certify that Poltava State Medical Dental University "Ukrainian Medical Dental University" authorizes

Ukrainian Russian Education Centre

to represent and carry out necessary work for enrollment of students from India to study at Poltava State Medical Dental University "Ukrainian Medical Dental Academy".

Poltava State Medical Dental University "Ukrainian Medical Dental Academy" authorizes the following:

1. To make advertisements in newspapers and in any other mass media.
2. To participate in seminars for recruitment of students.
3. To provide complete information to students about University and fee details
4. To help students in preparing documents for visa.
5. To represent us in embassy of Ukraine for visa matters.
6. To appoint local agents in other cities for recruitment of students.

This certificate is valid for three years from the date of issue.

Legal Address of Representative:

**Ukrainian Russian Education Centre
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Regards.

Dean of Foreign Students

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