

**Confirmation of performed Erasmus Staff Training Mobility (STT)
Home institution
Medical University of LODZ, PL LODZ03, POLAND**

Beneficiary's forename and surname	
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STATEMENT OF THE HOST INSTITUTION

This is to certify that from
Medical University of Lodz, PL LODZ03 attended the Staff Training Mobility

at

Name of the institution:	
Erasmus ID Code:	
Duration :	
Date of arrival – date of departure:	
Number of days:	
Subject area of performed training:	
On behalf of the host institution:	Stamp of the institution
Name:	
Position:	
Date and Signature:	