

REPUBLIC OF RWANDA

RWANTONDE on 13 mar 2025



EASTERN PROVINCE
KIREHE DISTRICT
GATORE SECTOR
RWANTONDE HEALTH CENTER

ATTESTATION DE FORMATION

I, the undersigned, INGABIRE PERUTH, Laboratory Services Manager at the RWANTONDE Health Center, hereby certify that I, named BUGENIMANA SUGIRA PACIFIQUE, completed a laboratory technician internship at our health center for a period of six months, from September 10, 2024, to March 10, 2025.

This certificate is issued to me for the purpose of proving my rights.

Laboratory Services Manager

INGABIRE PERUTH

Health Center Manager:

RWANTONDE

UGIRIMBABAZI AISHA

