



ONDO STATE COLLEGE OF HEALTH TECHNOLOGY

ODA ROAD, P.M.B. 791, AKURE.

DENTAL SURGERY TECHNICIAN DEPARTMENT

Your REF: No.....
All Communications should be address
to the provost **SHT/DST/2015/156**

Our Ref: No.....
Website: www.sohtak.edu.ng

Date: 15th Jan, 2020

DENTAL SURGERY TECHNICIAN NOTIFICATION OF RESULT

NAME: FAPOHUNDA OLUWATOSIN DAMILOLA

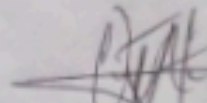
CADRE: DENTAL SURGERY TECHNICIAN

EXAMINATION NUMBER: SHT/DST/2015/156

This is to certify that: **FAPOHUNDA OLUWATOSIN DAMILOLA** has successfully completed the course of training for the award of Diploma in **DENTAL HEALTH** and satisfied the **BOARD OF EXAMINERS** in the prescribed examination held in **SEPTEMBER, 2019** with **UPPER CREDIT**

Congratulations.

Any alteration or erasure renders this statement of result invalid.


OYEWOLE I.A. (MR.)

The Registrar

Ondo State College of Health Technology,

SIGNATURE, Ondo State.

REGISTRAR

ONDO STATE COLLEGE OF

HEALTH TECH, AKURE.

DATE: 15/01/2020