

**Report from the internship
as part of training programme
Polish Ophthalmology Society (PSPTO)**

PERSONAL DETAILS

First name:.....

Name:

Birthday and birthplace
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Residence / accommodation address
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Phone:

E-mail:

Date of training:
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Name of the unit / address:
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First name and name of internship coordinator/supervisor:
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Please describe course of the internship
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(Place and date)

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(Signature)