



3rd Floor, Central Building
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Date:

Ref No:

To whom it may concern,

This is to certify that (name of the faculty member) (Passport Number:.....), faculty member of Tabriz University of Medical Sciences with the employment date of and monthly salary of IRR is planned to travel to (country) to participate in "(title of the conference)" to be held in (city) from (Day, Month, Year).

The applicant is committed to return to the Islamic Republic of Iran prior to the expiration of visa.

It would be appreciated if the visa issuance process is facilitated.

Sincerely,

Dr. Mohammad Hossein Somi

Chancellor of Tabriz University of Medical Sciences