



P.O. Box 52759, Wierda Park, 0149

CERTIFICATE

I, the undersigned, acting as representative of the aforementioned CPD Provider, hereby certify that

DR. K. PILLAY

MP 0638633

attended the following approved CPD activity

HANDS-ON DIAGNOSTIC ULTRASOUND TRAINING

(Obstetrics, Abdominal and Pelvic Ultrasound)

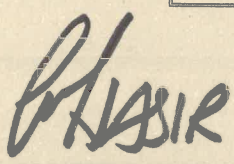
on
18/March/2007

The Medical and Dental Professional Board's approved CPD reference number is as follows:

MDB015/023/01/2007

And I certify that the said practitioner qualifies for **8 of CPD points**, obtained as follows:

Level 1	7
Professional Ethics	1
TOTAL	8


DR. C. HASIRCIOGLU
LECTURER

DATE: 18/03/2007

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