

In case of reply the number  
and the date of this letter  
should be quoted

My Ref. No: KWA/MHD/007  
Your Ref. No:



MUNICIPAL HEALTH DIRECTORATE  
GHANA HEALTH SERVICE  
P. O. BOX KS 1908  
KWADASO

7<sup>TH</sup> OCTOBER, 2024

Tel. No. 0546241336

Fax. No.

E-mail: kwadasomunicipal,armhd@ghs.gov.gh

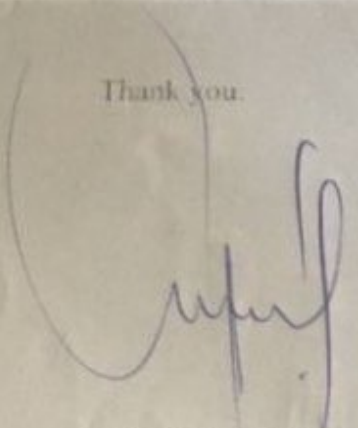
THE IN- CHARGE  
APATRAPA HEALTH CENTRE

**LETTER OF INTRODUCTION:**  
**MR. ASARE KWABENA EMMANUEL- THIRD YEAR STUDENT**

Management of Kwadaso Municipal Health Directorate wishes to introduce the above-mentioned student from University of Education in the Central Region, Winneba who is to undertake an attachment in your facility from January, 2025 to April, 2025.

Please accord him with the necessary assistance.

Thank you.



MS. GRACE BILLI KAMPITIB  
MUNICIPAL DIRECTOR OF HEALTH SERVICE  
KWADASO