



**GHANA
HEALTH
SERVICE**

MUNICIPAL HOSPITAL – WINNEBA

Address: P.O. BOX 4, Winneba

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Email: wbamunicipalhospital@gmail.com

Quote this number and date on all correspondence

My Ref. No. WMH-24/341/25

Your Ref:

Date: 15TH JANUARY, 2025

THE HEAD

**DEPARTMENT OF PROCUREMENT AND SUPPLY CHAIN MANAGEMENT
UNIVERSITY OF EDUCATION
WINNEBA.**

ACCEPTANCE LETTER

This is to inform your office that the undermentioned Interns have been accepted in Winneba Municipal hospital for their four (4) month internship program.

S/N	NAME	INDEX NUMBER
1.	RUTH NANA ABA ENU	220011795
2.	JOSEPH QUARTEY	220016098
3.	ABIGAIL OTABIL	220033149

Thank you.

**DR. DOUGLAS AMPONSAH
AG. MEDICAL SUPERINTENDENT**