



**GHANA  
HEALTH  
SERVICE**  
YENDI MUNICIPAL  
HOSPITAL

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Quote this number and date on all correspondence.

My Ref. No.: GHS/NRYMH/ 770/26

Your Ref. No.:

Date: 6<sup>th</sup> February, 2026

**THE HEAD OF DEPARTMENT  
DEPARTMENT OF APPLIED FINANCE AND POLICY MANAGEMENT  
UNIVERSITY OF EDUCATION  
WINNEBA.**

**ACCEPTANCE LETTER**

With reference to your letter No. DAFPM/1.3/VOL.5.14 dated 25<sup>th</sup> August, 2025 introducing Mr. Abdulai Abdul-Majeed seeking for permission to have his internship for the period of 1<sup>st</sup> January, 2026 to 30<sup>th</sup> April, 2026 at the hospital facility.

Management of the Yendi Municipal Hospital is to inform you that the above named student has been accepted to have his internship for the stated period and he will be offered the necessary assistance for his training.

We look forward to collaborating with you.

Thank you.

**Dr. Abdul-Rahman Mohammed Tayib  
Medical Superintendent**