



**GHANA  
HEALTH  
SERVICE**

**MUNICIPAL HOSPITAL – WINNEBA**

**Address: P. O. BOX 4, Winneba**

**Tel:**

**Digital: CE-001-2748**

Email:wbamunicipalhospital@gmail.com

Quote this number and date on all correspondence

My Ref. No. WMH-24/570/26

Your Ref: .....

Date: 2<sup>nd</sup> February, 2026.

**THE HEAD  
DEPARTMENT OF PROCURMENT AND SUPPLY CHAIN MANAGEMENT  
UNIVERSITY OF EDUCATION  
WINNEBA.**

**ACCEPTANCE LETTER**

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

No.	NAME	INDEX NUMBER
1.	PRISCILLA ADU	5231620023
2.	FREDERICK ENTSIWAH	5231620020
3.	GLORIA ARHIN	5231620073
4.	ESTHER ADEBAYOR	5231620089
5.	MILLICENT BORTSIE	5231620082

Thank you.

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