Annexure IV

FORMAT OF CERTIFICATE TO BE ISSUED BY THE DEPARTMENT

This is to certify that …….. (Student Name) …… s/o or d/o…….. bearing university roll no. …… of programme ……., session…….. has successfully completed his/her internship for a duration of ……hours from ……(name of the organization).

He/She has also submitted the report of the internship after successful completion of the internship.

Head of the Department