

INTERNSHIP COMPLETION CERTIFICATE

This is to certify that

[Student Name]
Reg. No.: **[Registration Number]**
of **[Name of Institution]**

has successfully completed a professional internship at **[Company/Organization Name]** from **[Start Date]** to **[End Date]** in the department of **[Department Name]**.

Internship Duration : [Number of Weeks/Months]
Internship Project/Assignment : [Project Title or Brief Description]
Performance : [Remarks/Comments on Performance]

We found **[Student Name]** to be diligent, sincere, and dedicated throughout the internship period.
We wish them success in their future endeavors.

Place: [Location]
Date: [Date of Issue]

Internship Supervisor
[Name & Designation]

Authorized Signatory
[Name & Designation]