

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]