

Internship Certificate

This is to certify that

(Student Name)

has successfully completed an internship at _____ (Organization Name) from _____ (Start Date) to _____ (End Date).

During this period, he/she has shown good conduct and performed the assigned tasks competently.

Place: _____ Date: _____

Signature
(Authorized Person)

Name
(Authorized Person)

Designation
(Position)