

# Certificate of Internship Participation

This is to certify that

**[Intern's Full Name]**

has successfully participated in the internship program at

**[Organization Name]**

from [Start Date] to [End Date].

During this period, [he/she/they] has worked in the **[Department/Project Name]** and demonstrated dedication, responsibility, and learning aptitude.

**Position / Role:** [Internship Position]

**Supervisor:** [Supervisor's Name]

**Date of Issue:** [Date]

**Location:** [City, Country]

[Supervisor's Name]  
Supervisor

[Authorized Signatory]  
[Title/Designation]