

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]