Format for Internship Certificate

Logo of the organization

Name of the Host Organisation where Internship is carried out

CERTIFICATE OF INTERNSHIP

This is to cert	ify that							(nam	e of the st	udent)
Son/Daughter	of					Father's name) student of				
(Part/Semester)					(Programme/course) has					
successfully	completed	his/her	internship	for	the	duration	of	four	weeks	from
(date) to					(date) at					
(Name of the	organisation v	where Inte	rnship has be	en car	ried or	ıt)				

Name & Signature of the Internship Supervisor

Seal & Signature
Dean/ Director/ Principal