



Indian Institute of Technology Kharagpur
Kharagpur 721302, India
INTERNSHIP COMPLETION CERTIFICATE

1. Name :
2. Roll No. :
3. Academic year of internship :
4. Name of the Dept/ School/ Centre :
5. Name and Address of Organization :
-
6. Place of Training :
7. Date of Commencement of Training :
8. Date of Completion of Training :
9. Number of Working Days Attended :
10. Days of Leave Availed, if any :

11. Overall Performance of the Student during Training:

Excellent Good Satisfactory Unsatisfactory

12. The work carried out here contain confidential data YES NO

If YES, please fill the additional confidentiality disclaimer

13. Internship topic / project title:
.....

14. Remarks on the conduct of the Student, Punctuality and Interest etc.:
.....

Date: _____
Officer.....

Signature of the Authorized
Name & Designation of the Officer (with Seal)

Note: A signed scanned copy of this certificate should be uploaded on ERP. Student may obtain 2 copies of this, one for self-record and another one to be included in the final report to be submitted to the department.

CONFIDENTIALITY DISCLAIMER

Data Confidentiality Statement:

The work carried out at _____ contain confidential data that cannot be used for the report purposes of the student. However, the process and methodology details can be included in the report.

Company Official Signature

Student Signature