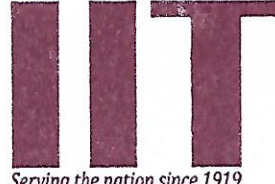




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No. 2225/125

TRAINING CERTIFICATE

(To be completed by the Supervisor under whom the student has taken the training)

Name of the Student ..... AMIT KOTHARI .....

Father's Name ..... DINESH KOTHARI ..... Mother's Name ..... MEGHA KOTHARI .....

Name of the Institute/College ..... A.I.B., AMITY UNIVERSITY, GWALIOR .....

Course ..... B.Sc. (H) ..... Branch ..... BIOTECHNOLOGY ..... Semester ..... V<sup>th</sup> .....

Week / Month	Date		Actual working days put in	Remarks	Signature of the Project Supervisor
	From	To			
1 <sup>st</sup>	03/06/19	07/06/19	5	"Tools & Techniques"	
2 <sup>nd</sup>	10/06/19	14/06/19	5	Bacterial culturing	
3 <sup>rd</sup>	17/06/19	21/06/19	5	growth kinetics &	
4 <sup>th</sup>	24/06/19	29/06/19	5	molecular level	
5 <sup>th</sup>	01/07/19	05/07/19	5	study of	
6 <sup>th</sup>	08/07/19	12/07/19	5	"Sphingomonas sps."	
7 <sup>th</sup>	-	-			
8 <sup>th</sup>	-	-			

Evaluation ..... The performance of the student was excellent .....  
..... during the internship period .....

Conduct ..... Good & Satisfactory .....

Other Remarks, if any ..... - .....

12.07.19

Signature of the Supervisor  
Name: DR. SANJAY KUMAR

Date: Sanjay Kumar  
सहायक आचार्य  
Assistant Professor  
जैव रसायनिक अभियांत्रिकी स्कूल  
School of Biochemical Engineering  
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(का.हि.वि.) वाराणसी-221005  
(B.H.U.) Varanasi-221005

Signature of Head of the Department

(Department Seal  
समन्वयक  
Coordinator

जैव रसायनिक अभियांत्रिकी स्कूल  
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प्रभारी आचार्य/Professor Incharge  
प्रशिक्षण एवं प्रस्थापना प्रकोष्ठ  
Training and Placement Officer  
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