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No. 2274/367 TRAINING CERTIFICATE

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

Name of the Student Shreyase Chaudhary
Father's Name Lt. Subhasish Choudhary Mother's Name Seema Chaudhary
Name of the Institute/College Amity University Madhya Pradesh
Course B.Sc. (H) Biotech Branch Biotechnology Semester V

Week / Month	Date		Actual working days put in	Remarks	Signature of the Project Supervisor
	From	To			
1 st	03-06-2019	30-06-2019	22		<u>[Signature]</u>
2 nd	01-07-2019	12-07-2019	10		<u>[Signature]</u>
3 rd	/	/	/		
4 th	/	/	/		
5 th	/	/	/		
6 th	/	/	/		
7 th	/	/	/		
8 th	/	/	/		

Evaluation Excellent

Conduct Very Good

Other Remarks, if any

[Signature]
Signature of the Supervisor
Name: DR. MARSHAL
Date: 22-07-2019

[Signature]
Signature of Head of the Department
(Department Seal)
समन्वयक/CO-ORDINATOR
जैव चिकित्सा अभियांत्रिकी स्कूल
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Registrar
Amity University Madhya Pradesh
Gwalior