(Company Letter Head)

CERTIFICATE

This is to certify that Mr. / Ms.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ID NO\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, has completed his/ her Field Training, from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Name of the Company Supervisor:

Signature:

Date: