

## Internship Completion Letter

**Note:** To be printed on Letter Head of the company hosting Internship. Training Partner must submit signed and stamped letter to LSSSDC in original, prior to the final Assessment of the candidate.

This is to certify that all the listed candidates were exposed, oriented and involved reasonably in various activities related to all the National Occupational Standards (NOSs) prescribed in the Qualification Pack of

Name of the Qualification Pack: \_\_\_\_\_

Qualification Pack Code: \_\_\_\_\_

Company Name: \_\_\_\_\_

At Location: \_\_\_\_\_

\_\_\_\_\_

Period of Internship: From Date \_\_\_\_\_ to Date \_\_\_\_\_

Name of the Supervisor: \_\_\_\_\_

Designation: \_\_\_\_\_

Contact Details: \_\_\_\_\_

Name of the Training Partner where candidates are registered for skilling.

\_\_\_\_\_

Location: \_\_\_\_\_

**Internship Supervisor's Signature:**

**Training Partner's Signature:**

**Company Seal / Stamp:**

**Training Partner Seal / Stamp**

More sheets may be added if required

Sr. No	Name of the candidate	ID Type (Adhaar or any Govt Approved ID)	ID Number

**Internship Supervisor’s Signature:**

**Training Partner’s Signature:**

**Name:**

**Name:**

**Date:**

**Date:**

**Company Seal/ Stamp**

**Training Partner Seal / Stamp**