

Training Certificate Template of BCPS

(Monogram of the Institute)

INSTITUTE NAME WITH ADDRESS

Memo/Issue Number:

Date:

Department of

This is to certify that Dr. S/O, D/O worked under my supervision in the department of as [Name of the Training Post] from dd/mm/yy to dd/mm/yy.

During the training period his/her post was whole time and residential.

I consider that the training received by Dr. in [Name of the Subject] was satisfactory.

I wish him/her all the success in life.

.....
Signature of the Head of the Institute

Name:



.....
Signature of the Trainer/ Supervisor

Name:

Degree:

Designation:.....

Name of the Department:.....

[Handwritten signature]
11/3/2016