



Indian Institute of Technology Kharagpur
Kharagpur 721302, India
CAREER DEVELOPMENT CENTRE
CERTIFICATE OF STUDENT'S PRACTICAL TRAINING

1. Name :
2. Roll No. :
3. Year of Study :
4. Branch & Department :
5. Name and Address of Organization :
.....
6. Place of Training :
7. Date of Commencement of Training :
8. Date of Completion of Training :
9. Number of Working Days Attended :
10. Days of Leave Availed, if any :

11. Overall Performance of the Student during Training:

Excellent ☐ Good ☐ Satisfactory ☐ Unsatisfactory ☐

12. The work carried out here contain confidential data YES ☐ NO ☐

If YES, please fill the additional **confidentiality disclaimer**

Remarks on the conduct of the Student, Punctuality and Interest etc.:

.....

Date: Signature of the Authorized Officer.....

Name & Designation of the Officer (with Seal)

Note: Student should obtain 3 copies of this, one for the Organization, one for CDC and the other to be included in the final report to be submitted to the department.

CONFIDENTIALITY DISCLAIMER

Data Confidentiality Statement:

The work carried out at _____ contain confidential data that cannot be used for the report purposes of the student. However, the process and methodology details can be included in the report.

Company Official Signature

Student Signature