



**SCHOOL OF ICT**  
**DEPARTMENT OF INFORMATION TECHNOLOGY**  
**ACADEMIC YEAR: 2018 - 2019**

**TRAINING CERTIFICATE**

This is to certify that Mr./Ms.....has worked in the  
..... under Mr./Ms..... Position.....

From..... To .....

During the training He/She was absent from duty for .....days (reasons  
communicated, if any). He/She was absent for the said period above with/without  
permission.

Please assign marks between 0 and 100 to each one of the items 1 through 5.  
(Minimum overall average pass is 50% for successful completion of the training)

Item	Description	Marks (%)	
		In figures	In words
1	Skills obtained by the student during PT		
2	Attitude towards practical work		
3	Initiative and independence		
4	Reliability		
5	Punctuality (follow of official working time)		

Any other remarks.....  
.....  
.....

Training Officer's Name (Block Letters)

.....

Signature.....

Position.....

Name of company and stamp

.....

Address.....

Date and place: .....