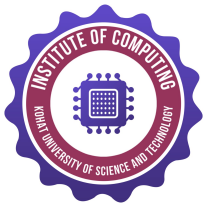# KOHAT UNIVERSITY OF SCIENCE & TECHNOLOGY
Institute of Computing

Ref #: _____KUST/CIP/IoC/25

Date: ____/____/2025

To Whom It May Concern

It is certified that the student with the details provided below is recommended for the internship at the host organization. The intern must fulfill all the requirements as per the university policy to complete the internship.

Student Details:	
Student Name	
S/D/o	
Registration Number	
Program	- [ ] BSCS - [ ] BSSE
Semester	- [ ] 5th semester - [ ] 6th semester - [ ] 7th semester - [ ] 8th semester
University Name	Institute of Computing Kohat University of Science and Technology
Host Organization Details:	
Host Organization Name	
Address	
Department (if applicable)	
Duration	____/____/____ – ____/____/____
Semester	- [ ] Fall. – [ ] Spring. - [ ] Summer
Supervisors Details:	
Academic Supervisor	Sign: _____
Site Supervisor	Sign: _____

[Note: Students are advised to fill in the details, get signatures from both supervisors, and keep the document in their file for submission at the end of the internship.]

Please do not hesitate to contact us for any clarifications or further correspondence.

Sincerely,

Dr. M. Irfan Uddin
Assistant Professor / Coordinator Internship Program
Institute of Computing
Kohat University of Science & Technology (KUST)
Email: irfanuddin@kust.edu.pk

[This is a digital certificate.to show the affiliation only and does not need a signature. For any further details, please contact us at the email.]

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