

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.

S	Student Details:				
	Student Name				
	S/D/o				
	Registration Number				
	Program	-[]BSCS -[]BSSE			
	Semester	-[] 5 th semester -[] 6 th semester			
		-[] 7 th semester -[] 8 th 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: <u>irfanuddin@kust.edu.pk</u>

[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.]

