**CERTIFICATION**

Control No:

This is to certify GENDER NAME has rendered TOTAL months of service as Intern from STARTDATE1 to ENDDATE1 assigned at OFFICE1 STARTDATE2 to ENDDATE2 assigned at OFFICE2, STARTDATE3 to ENDDATE3 assigned at OFFICE3, STARTDATE4 to ENDDATE4 assigned at OFFICE4, Nueva Vizcaya under the Government Internship Program (GIP) of the Department of Labor and Employment.

This certification is issued for whatever legal purpose/s it may serve.

Signed this DAYTODAY of MONTHTODAY YEARTODAY at DOLE – Nueva Vizcaya Field Office, Bayombong, Nueva Vizcaya.

ELIZABETH U. MARTINEZ

Provincial Head