

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

1. Name	- CACINAL INAIMING
2. Roll No.	SANFALD THIN
3. Year of Study	16 KT 3 un 3.6
4. Branch & Department	State thrology and Rischemical eng. Dad
5. Name and Address of Organization	Streamoid Technologies Pvt. Ltd. Theblar Shorebird* North Wing
6. Place of Training	No.21, 10th Cross Mayura Street, Paparina Layout, Nagachettyhalli, Bangelore - 560.094
7. Uate of Commencement of Training	17/07/2020
8. Date of Completion of Training	20/04 15 /08 /2020
9. Number of Working Days Attended	22 pays ( Sdays aweek)
10. Days of Leave Availed, if any	101
11 Overall Performance of the Student during	ng Training.
Excellent Cood Salida	Ortory Unsatisfactory
12 The work carried out here contain confid-	ental data YES NO
If YES, please fill the additional confidentialit	y disclaimer
Remarks on the conduct of the Student, Pun	
Keen Lannar, France 2 Popul	rave,
Date: 14- Aug - 2020 Signatur	of the Authorized Officer Lillian
Name & Designatio	n of the Officer (with Seal) Changing Rose Rich
	Admin He Head.
Note: Mudent should obtain 3 cupies of this, one	for the Organization, one for COC and the other to be included to the
final report to be submitted to the department.	Connote
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## CONFIDENTIALITY DISCLAIMER

Data Confidentiality Statement:

The work carried out at Shreamed Lechnologies Ref Le 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