OJT FORM NO.6

CERTIFICATE OF COMPLETION

Melvin B. Lilis

This is to certify that Mr./Ms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has successfully

500

Completed his/her practicum/OJT in this institution covering \_\_\_\_\_\_\_\_ hours during

April 5, 2021

The period \_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SIGNATURE ABOVE PRINTED NAME**

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**POSITION**

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**DATE OF ISSUE**