

Bonafide Certificate

(To be obtained from HOD/ Registrar on University/Institute Letter Head)

This is to certify that Mr/Ms _____, a B.Sc./M.Sc./B.Tech./M.Tech./B. Pharm/M. Pharm. student of this University/Institution is nominated to undergo internship at Institute of Nano Science and Technology Mohali from _____ to _____.

This training will be an essential requirement for the award of the B.Tech/M.Tech/B.Sc./MSc./B.Pharm/M.Pharm degree to the student by this University/Institution.

Signature: _____

Name: _____

Designation: _____

Telephone No.: _____

Name of the Institution: _____

Seal with date