(To be issued on letter head of the organisation/ PCS) Date:

Completion Certificate of 15 days specialized Training with Office of ROC/MCA/NBFC/Regulatory Bodies/PCS etc.

I,	,	Designation	do	hereby	certify that
student	registration	No	_ has compl	eted the	prescribed
training	01 15	working	days (exc	cluding	Gazetted
	. ,	nal holidays), a	-		
Company	Secretaries	of India, vid	e their let	ter No.	
dated	under	our Organiza	ation/Office/F	ìirm an	nd her/his
performance was outstanding/ Excellent/Good/Satisfactory.					
		the above mentices/ Not given any	•	s period	she/he was
Name of the	e trainer				
Signature &	s Stamp				
Date					
Place					