



INNER RAY FOUNDATION

SHINE YOUR WAY FORWARD.

Address : C/O - Mukesh Kumar, Near Mali Tola, Ranisarai, Bakhtiyarpur,
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Website : www.innerrayfoundation.in

Date:

Letter No:

INTERNSHIP COMPLETION CERTIFICATE

This is to certify that Mr./Ms. _____, S/o or
D/o _____, bearing University
Registration/Enrolment No. _____ of _____, Session
_____, with Major in _____, has successfully
completed his/her internship with our organisation.

Internship Duration: From _____ to _____ Total Hours

Completed: _____

Internship Performance Assessment

During the internship, the student worked on [Briefly mention project/tasks].
Based on our observation and mentorship, we assess the student's performance

S. No.	Assessment Criteria	Rating (Outstanding / Good / Satisfactory / Needs Improvement)
1.	Technical Knowledge & Application	
2.	Quality of Work & Task Completion	
3.	Initiative & Problem-Solving Ability	
4.	Communication & Interpersonal Skills	
5.	Punctuality, Discipline & Professional Conduct	

as follows:

Signature of IPO Supervisor/Head

Name: SUNIL KUMAR

Designation: DIRECTOR



For Inner Ray Foundation

Authorised Signatory

Original Seal:

Date:

Place: PATNA, BIHAR.