



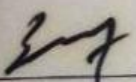
# Certificate of training completion

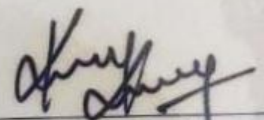
Certificate No  
**ZMCN 077793**

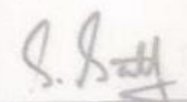


This is to certify that Mr/Ms.....**MONICA . P**.....  
student of .....**BME**..... year.....**II**..... from.....**SIST**.....  
has undergone inplant training in medical equipment services available at our company for a period  
from.....**02-12-2019**.....to.....**12-12-2019**..... During the inplant training his/her  
conduct was.....**Good**.....



  
Training Manager

  
Issuing Authority

  
Director