Completion Certification
CERTIFICATE (Annexure A)

This is to certify that Dr./~~Mr.~~/ ~~Ms.~~ JATIN RAJ of HM 27 (batch) of MBA HOSPITAL AND HEALTH MANAGEMENT (Name of the department/institute) has worked with our ~~organisation~~ for his/her summer internship from 01st MAY to 30th JUNE 2023 (date). The work carried out by him/her and performance shown by him/her during the period was found excellent/very good/good/average. This certificate is being issued to meet the requirement of the University.

Date: 30th JUNE 2023

(Signature of Supervisor)

SREE KUMAR. V
HEAD: HUMAN RESOURCES
Name and Designation of Signatory

Seal/Stamp of the Organization

HIV/AIDS Alliance
New Delhi