

**DEPARTMENT OF COMMERCE
SACRED HEART COLLEGE, THEVARA**

INTERNSHIP ATTENDANCE REPORT

Day	Date	Signature of Intern
1	1/5/17	<i>[Signature]</i>
2	2/5/17	<i>[Signature]</i>
3	3/5/17	<i>[Signature]</i>
4	4/5/17	<i>[Signature]</i>
5	5/5/17	<i>[Signature]</i>
6	6/5/17	<i>[Signature]</i>
7	7/5/17	<i>[Signature]</i>
8	8/5/17	<i>[Signature]</i>
9	9/5/17	<i>[Signature]</i>
10	10/5/17	<i>[Signature]</i>
11	11/5/17	<i>[Signature]</i>
12	12/5/17	<i>[Signature]</i>
13	13/5/17	<i>[Signature]</i>
14	14/5/17	<i>[Signature]</i>
15	15/5/17	<i>[Signature]</i>
16	16/5/17	<i>[Signature]</i>
17	17/5/17	<i>[Signature]</i>
18	18/5/17	<i>[Signature]</i>
19	19/5/17	<i>[Signature]</i>
20	20/5/17	<i>[Signature]</i>
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DECLARATION

Certified that Ms/Mr. KIDHA FAIZAL has successfully completed 20 days of internship in our institution.

Place : ERNAKULAM

Date : 20/5/17

[Signature]

(Seal & Signature of the Institution)

STUDENT/TOURIST HOME

CANNON SHED ROAD

THEVARA