Sample Certificate

SL. No………

Batch No………

**Name of the Hospital**

Clinical Practice Certificate for Diploma in Patient Care Technologists

|  |  |  |
| --- | --- | --- |
| This is to certify that**…………………………** Son/Daughter of**……………………………** and**….…………………………**  has successfully completed the Clinical Practice Training held from **30 July 2022** to **29 January 2023** at …………………………………….. **Hospital.** | | |
|  | | |
| ……………………………………….  Nursing Superintendent/Deputy Nursing Superintendent ……….. Hospital | ………………………….  Principal/Instructor In-charge  ……………. Nursing College/Institute | …….…………………………  Director/Superintendent/Civil Surgeon  …………………………… Hospital |

Date of issue: