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: