St.Judy Paramedical College
"Making Better Healthier and Safe Society through Quality Education"

OJT Certificate Request

Date:……

From:

Student Name:……..…….

NIC Number:…… Admission Number:……

Course Title: ……. Batch No:……..

To:
Branch Coordinator

St.Judy Paramedical College _____Branch.

Dear Sir / Madam

Request for On-the-Job Training (OJT) Completion certificate

I am pleased to inform you that I have successfully completed the required OJT placement at_____.
_____(Hospital Name) .

Duration from _____(Started date) To_____ (End Date)

The experience gained during this training period has been invaluable, and I am grateful for the support and guidance provided by both the college and the hospital staff.

I kindly request that you issue me with the OJT certificate in recognition of my completion of this important component of this program.

Please let me know if there are any specific procedures or documentation required to facilitate the issuance of the certificate. I am more than willing to provide any additional information or assistance as needed.

Thank you for your attention to this matter.

regards,

_____
Signature

Recommendation of Supervisor: (Hospital / Industry) [ ] Recommended [ ] Not recommended

Supervisor's Comments:…….

…….

Date:……. Supervisor's Name& Signature:……..……