

**RESIDENCY COMPLETION CERTIFICATE**

1. I / We, \_\_\_\_\_(Internal Supervisor/ Co Supervisor) certify that the Scholar Mr/ Ms. \_\_\_\_\_SAP ID\_\_\_\_\_enrolled in Batch\_\_\_\_\_ has spent \_\_\_\_\_(No. of Days) at Dehradun towards completion of the mandatory Residency requirement from Date: \_\_\_\_\_to Date :\_\_\_\_\_

2. During the Residency, the following goals were achieved under my Supervision:

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**Signature of the Internal Supervisor**

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**Signature of Co Supervisor**

\_\_\_\_\_  
**Signature of the Scholar**

\_\_\_\_\_  
**Signature of Assoc. Dean (R&D)**

**Date:** \_\_\_\_\_

**Appendix**  
**Residency Completion Sheet**

S.No.	Activity	Details
1	Class Taken by scholar	Programme : Duration : Topic : Date :
2	Class Attended by scholar	Subject : Date : Duration : Learnings:
3	Meeting with Supervisor/ Mentor/ SME's	Name: Discussions :  Learnings:
4	Library Research	Date : List of Journals referred :  List of Books referred :  Any other things referred :
5	SRC (If attended)	Date : How many Presentations seen :  Learnings :

Signature of Scholar \_\_\_\_\_

Signature of Assoc. Dean (R&D) \_\_\_\_\_