

Monthly Attendance Record

Name of the Awardee	
Name of Scheme & Duration of Fellowship	
Name and Address of Host Organisation	
Name and Affiliation of the Host Mentor	
Contact details of Host Mentor	

Certificate

This is to certify that Dr./Mr./Ms./Mrs. has been working under my mentorship and has performed his/her work satisfactorily during the month of.....

Name of the Host Mentor	Name of the Awardee
Signature of the Host Mentor with seal	Signature of the Awardee