

Stamp of Department

JAIDEV EDUCATION SOCIETY'S J D COLLEGE OF ENGINEERING AND MANAGEMENT KATOL ROAD, NAGPUR



Website: www.jdcoem.ac.in E-mail: info@jdcoem.ac.in (An Autonomous Institute, with NAAC "A" Grade) Affiliated to DBATU, RTMNU & MSBTE Mumbai

VISION	MISSION

To win the trust of all stakeholders in conducting the assessment and evaluation.

- 1. To frame and adopt procedure for various works involved in accountability.
- 2. To utilize the resources as per expertise of individual and maintaining good quality and standard of assessment work.
- 3. To ensure that the student participate in assessment process enthusiastically.

CERTIFICATE OF TERM WORK COMPLETION

(Only for the student requested for forego of Internals in Laboratory / Internals (Only for the student requested for forego of Internals in Laboratory / Internals (Only for the student requested for forego of Internals in Laboratory / Internals (Only for the student requested for forego of Internals in Laboratory / Internals (Only for the student requested for forego of Internals in Laboratory / Internals (Only for the student requested for forego of Internals in Laboratory / Internals (Only for the student requested for forego of Internals in Laboratory / Internals (Only for the student requested for forego of Internals in Laboratory / Internals (Only for the student requested for forego of Internals (Only for the student requested for forego of Internals (Only for the student requested for forego of Internals (Only for the student requested for forego of Internals (Only forego of Internal (Only forego	
To,	Date:
The Principal,	
JDCOEM, Nagpur	
Subject: Term work completion certificate in Laboratory / Internship / Properties / CRT courses. (V THE APPROPRIATE)	roject / Seminar / Field Training / Skill
Respected Sir,	
The student Mr. / Ms	ofsem
branch has applied to Forego his / her intern	nal marks in the Laboratory / Internship /
Project / Seminar / Field Training / Skill Development /CRT courses 1	
2	
coming Supplementary Examination of B. Tech. / M. Tech. / MBA	
Summer / Winter 20 Supplementary Examination.	
Name & Unique ID of Student:	
Name of Branch:	
Comment of Subject Teacher: Completion / Non-completion of term wor	rk
I certify that he / she has completed the Term work. Hence his / her case	is recommended for consideration.
Name & Sign of Subject Teacher:	Signature of Student
Name & Sign of HOD:	