

INDIAN INSTITUTE OF TECHNOLOGY KANPUR  
Centre for Continuing Education



Participation Certificate

*This is to certify that Dr./Mr./Ms. \_\_\_\_\_, from \_\_\_\_\_  
attended short term course/workshop on (Title) \_\_\_\_\_  
conducted by the Department of \_\_\_\_\_ from \_\_\_\_\_.*

\_\_\_\_\_  
*Course Coordinator*

\_\_\_\_\_  
*Head of Department*

*B.V. Rathish Kumar*  
*Head, CCE*