

INDIAN INSTITUTE OF TECHNOLOGY KANPUR  
Office of Outreach Activities



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 Dept.*

*Prof. Vimal Kumar*  
*Professor-in-Charge, OOA*