**Certificate of the Number of Days Worked During Practice**

* Student’s name: **Enter the text.**
* Login: Enter the text.
* Company name: **Enter the text.**
* Name of the person issuing the certificate: Enter the text.

I confirm that the aforementioned student practiced in our company:

* from: Enter the date.
* to: Enter the date.
* total days: **Enter the number.**

Date: Enter the date.

Signature a company stamp: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_