................................................................
Farm name

................................................................

Accurate farm address

# Certification

I certify, that ............................................................ name ......................... year/class student was accomplishing his/her internship in our farm from 2020. .................................. month .......... day to 2020. .................................. month .......... day.

The expert responsible for the student:

Name: ............................................................................
Position: ........................................................................

 Practice qualification: ……………………………….

2020. …........................... month ….... day

S.P.

................................................

Signature