



*Mumbai Institute of  
Metallurgy Quality & Management  
Sudhamanagar, Dombivli East 421203 (Mumbai)*

**CERTIFICATE**

*This is to Certify that*

*Mr./Ms.....*

*address.....*

*.....as undergone online training on*

*.....during the period*

*.....and successfully completed the course. I wish the candidate all  
success in life.*

*Date*

*xx xx xxxx*

*Dr S Ramanathan*

*Director*