Annex 3 Directive A/S/961/8/2021

**Confirmation of Completion of Internship**

**Internship provider**

Name:

With registered office at:

IČO (Company identification number):

Place of internship:

Supervisor – line manager (name and position):

We confirm that the student ………………………………………………………………………………………………………

born on the date ……………………………………………………………………………………………………………………………

performed an internship in our organisation in the period ………………………………………………………………..

in the extent of ………………… hours.

**Job description:**

Datë:

SIgnature of the representative of the internship provider: