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**CERTIFICATE OF ARRIVAL**

We hereby confirm that (name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ started his/her traineeship at (name of the institution) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on (date) \_\_\_\_\_\_\_\_\_\_\_\_\_.

Date:

Supervisor Signature:

Stamp: