



SRMCEM/HR/DL_Cert/F/04

Duty Certificate

This is to certify that Dr./Ms./Mrs./Mr. _____ working as
_____ (designation) at Shri Ramswaroop Memorial College
of Engineering & Management, Tewariganj, Faizabad Road, Lucknow has attended
_____ (program name) at
_____ (place/location of the
program) on _____ (dates) for _____ (duration / hours).

Signature of Concerned Authority

Date.....

Contact Number.....

Date of Submission:

ERP ID: E000000_ _ _ _

FOR OFFICE USE ONLY

Signature of Reporting Officer

Signature of HR Resp.