

Substitute Certificate



NO.....

.. (Institution's Name).....

.....(Address)

.....

.....

This is to certify that Mr./Ms./Miss....., identification number, has successfully completed the training in(course's name).....for.....hours from....(dd/mm/yy).. to ... (dd/mm/yy)....., whether it was internal training or external training.

Given on August B.E. 2566 (2023)

.....(Signature).....

(.....Name.....)

Director of.....(Institution's name).....