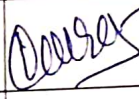
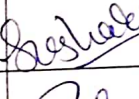
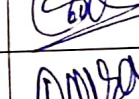
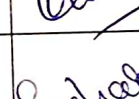
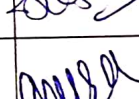
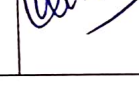


# Shri Swami Samarth Patsanstha SONAI

1. Student Name : Shinde Shrikrushna Laxman
2. Name of the College : Arts Commerce and Science College Sonai
3. Division and Roll Number : 2394
4. Address : At Post Sonai
5. Contact Number : 9657518285
6. Email ID : shindeshrikrushna78@gmail.com
7. Special Subject : Banking and Finance
8. Internship start date : 08 Dec 2022
9. Internship end date : 31 Dec 2022

## LOG SHEET OF WORK PERFORMED DURING INTERNSHIP

Date	Time		Total Hours	Details of work done	Signature of officer	Signature of student
	From	To				
15-12-22	12:00	3:00	3	learn about Primary work		Shinde.K.L.
16-12-22	12:00	3:00	3	learn about Deposite A/c		Shinde.K.L.
17-12-22	12:00	3:00	3	Process of Deposite		Shinde.K.L.
18-12-22	12:00	3:00	3	Types of Deposite Account		Shinde.K.L.
19-12-22	12:00	3:00	3	Saving A/c / Current A/c		Shinde.K.L.
20-12-22	12:00	3:00	3	INT. ON. DEPT-		Shinde.K.L.

Date	Time		Total Hours	Details of work done	Signature of officer	Signature of student
	From	To				
21-12-22	12:00	4:00	4	Known about work		Shinde KL
22-12-22	12:00	3:00	3	Types of loan		Shinde KL
23-12-22	12:00	3:00	3	Collect & document loan form		Shinde KL
24-12-22	12:00	3:00	3	working & computer		Shinde KL
25-12-22	12:00	3:00	3	Helping manager		Shinde KL
26-12-22	12:00	3:00	3	work on money transfer		Shinde KL
27-12-22	12:00	3:00	3	processing & recovering loan		Shinde KL
28-12-22	12:00	3:00	3	month income scheme		Shinde KL
29-12-22	12:00	2:00	2	Securities of fund		Shinde KL
30-12-22	12:00	3:00	3	Income from interest		Shinde KL
31-12-22	12:00	3:00	3	Payment of different bill		Shinde KL
1-1-23	12:00	3:00	3	Facilities of withdrawing money		Shinde KL
2-1-23	12:00	3:00	3	proportion of monthly term		Shinde KL
3-1-23	12:00	1:00	1	learn about statement		Shinde KL
Total Hours			60 Hrs			

Certified that Shinde Shrikrushna Laxman has satisfactorily completed the internship programme assigned to him.

Mr. Bandu Marade  
Name & signature of manager  
Date :



Name & signature section in charge

INTERNSHIP COMPLETION CERTIFICATE

Shri Swami Samarth Patsanstha SONAI

To,  
The Principal,  
Arts Commerce and Science College Sonai,  
Sonai

Subject: Internship Completion Certificate

Dear Madam/ Sir,

I am happy to inform you that following students of your college have successfully completed the 'Sixty Hours Internship Programme' in this organisation.

Sr. No.	Name of the student	Roll No.	Aadhar No.	Special Subject
1.	Shinde, Shrikrushna	2394		Banking & Finance
2.	Wagh, Akshay	2315		Banking & Finance
3.	Gadgil, Rajendra	2390		Banking & Finance
4.	Shikure, Manish	2318		Banking & Finance
5.				
6.				
7.				
8.				

These students have been provided with adequate exposure and necessary handson training pertaining to their special subject.

I am confident that these students will perform effectively in similar type of organisations.

I wish them every success in future endeavors.

Thank you.



Sincerely,

श्री स्वामी स्वार्थ गणेशीय दिग्विजयी सह.  
Name & Signature  
पतसंस्था मर्या. सोनई. ता. नेवासा, जि. अ.  
(Authorised Signatory)