



CERTIFICATE OF INTERNSHIP

WE PROUDLY PRESENT THIS TO

_____ *Pawan* _____

For interning as *Project Associate* _____ in *Center for Health & Innovation*
department from *02/02/2025* to *02/05/2025* conducted by MR IMPACT 3.0
under the aegis of Manav Rachna Educational Institutions



Dr. Prashant Bhalla
President



Dr. Amit Bhalla
Vice President