



TRAINEE'S CARD

1. Surname and first name

2. No of student's identification card Semester

Specialization

3. Name of institution

.....

.....
SIGNATURE

.....
DATE, STAMP AND REPRESENTATIVE'S

4. Duties carried out during the training:

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DATE AND STUDENT'S SIGNATURE

5. Brief opinion about the Student during his training in the Workplace (diligence, responsibility, creativity, own initiatives etc):.....

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6. Period of completed training from to.....

7. Stamp containing the name and signature of the authorized representative of the Institution / Facility

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