



CERTIFICATE OF ATTENDANCE

	Name of the h	ost institut	ion / enterprise:		
		•••••			
	month year day month year				
r./Ms					
		from the			
					•••
	(name or	the nome	institution)		
ended the training act	ivities specifie	d under th	e KA103/ERA	SMUS programme	at
stitution / enterprise bet	ween				
,	, aı	nd,			
ay month	year	day	month	year	
Date					
ame of the signatory:	• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •		
unction:					