



தமிழ்நாடு ஆசிரியர் கல்வியியல் பல்கலைக்கழகம்

TAMILNADU TEACHERS EDUCATION UNIVERSITY

(with UGC 2(f) & 12(B) status and NAAC Accredited with 'A' Grade(CGPA 3.17) in 1st Cycle)

(Established under Tamil Nadu Act 33 of 2008)

GangaiammanKoil Street, Karapakkam, Chennai - 600 097.

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No.TNTEU/COE/InternshipCertificate-2022-2023/2024/ 985

Date: 11.01.2024

Dr.P.Ganesan, Ph.D.,
Controller of Examination i/c

To
The Principals of all the Colleges of Education
Affiliated to this University.

Web Post

Sir/Madam,

Sub: TNTEU – B.Ed Degree Programme – Academic year 2022-2023 – 16 - week
Internship Programme in Schools for B.Ed students (Semester III) –
Submission of School Internship Certificate –Reg.

Ref: Letter No.TNTEU/R/DR-II/Circular/2023/702 dated 05.09.2023.

I am to inform you that, the Principals of the affiliated Colleges of Education of this University are requested to submit the School Internship completion certificate (those who are completed the 16-week Internship Programme in Schools) for the B.Ed students admitted during the academic year 2022 - 2023 (Semester III) to the Controller of Examinations Section on or before **29.01.2024** without fail.

**Encl: 16-Week School Internship Completion
Certificate Format**


Controller of Examinations i/c

CERTIFICATE OF COMPLETION OF 16-WEEK
SCHOOL INTERNSHIP

Affix passport size
photograph of the
student-teacher
and affix School
rubber stamp
across the photo at
the bottom

School UDISE No:

Certified that Thiru/Tmt./Selvi..... (Reg. No.....)

a II year B.Ed Student of..... College of Education,

..... has undergone the 16-week School Internship successfully in our

School in the Pedagogy subject“.....“from.....to.....

The above certificate is issued based on the attendance register maintained
in our School during the above period.

Total Number of Working days:

Total Number of days Present:

Percentage of Attendance :

Signature of the
Student-teacher

Signature of the guide teacher

Name:.....

Mobile:.....

Signature of the Headmaster
With date

(Affix rubber stamp)

Place:.....

Date:.....

Name:.....

Mobile:.....