



COLLEGE OF MANAGEMENT KHAMGAON

**KHAMGAON, Tq. KHAMGAON, Dist. BULDHANA
(Affiliated to S.G.B.A.U)**

CERTIFICATE

This is to certify that Dr/ Mr. /Ms / Mrs. _____

has actively participated in One Week Faculty Development Program on

“ _____ ” Organized by the

Department of _____ during _____ to _____.

Hearty Congratulations!

Principal