



ASHOK AGENCY

medical service

To,

The Department of Commerce

Karnataka State Akkamahadevi Women's University

Vijayapura.

Dear Sir/Madam,

Subject: Training Completion Certificate

With reference to your letter dated **19-08-2024**, we hereby certify that **Kumari. Vijayalaxmi H Ambiger**, a student of **B.Com VI Semester (NEP)** in **Karnataka State Akkamahadevi Women's University, Vijayapura**, has undergone the project training during the months of July and August 2024 under my guidance and has successfully completed the **Internship on Study of Consumer Behaviour and Marketing**

Somashekhare Bijjal

ASHOK MEDICAL AGENCIES

Ashok Medical Agency Ilkal

ILKAL - 587125



ASHOK AGENCY
medical service

To,

The Department of Commerce

Karnataka State Akkamahadevi Women's University
Vijayapura.

Dear Sir/Madam,

Subject: Training Completion Certificate

With reference to your letter dated **19-08-2024**, we hereby certify that **Kumari. Srushti Malipatil**, a student of **B.Com VI Semester (NEP)** in **Karnataka State Akkamahadevi Women's University, Vijayapura**, has undergone the project training during the months of July and August 2024 under my guidance and has successfully completed the **Internship on Study of Consumer Behaviour and Marketing**

Somashekhar Bijjal

ASHOK MEDICAL AGENCIES

Ashok Medical Agency Ilkal

ILKAL - 587125



ASHOK AGENCY

medical service

To,

The Department of Commerce

Karnataka State Akkamahadevi Women's University

Vijayapura.

Dear Sir/Madam,

Subject: Training Completion Certificate

With reference to your letter dated **19-08-2024**, we hereby certify that **Kumari. Vijayalaxmi Elager**, a student of **B.Com VI Semester (NEP)** in **Karnataka State Akkamahadevi Women's University, Vijayapura**, has undergone the project training during the months of July and August 2024 under my guidance and has successfully completed the **Internship on Study of Consumer Behaviour and Marketing**

Somashekhar Bijjal

ASHOK MEDICAL AGENCIES

Ashok Medical Agency Ilkal

ILKAL - 587125



ASHOK AGENCY

medical service

To,

The Department of Commerce

Karnataka State Akkamahadevi Women's University

Vijayapura.

Dear Sir/Madam,

Subject: Training Completion Certificate

With reference to your letter dated **19-08-2024**, we hereby certify that **Kumari. Akkamma Hubballi**, a student of **B.Com VI Semester (NEP)** in **Karnataka State Akkamahadevi Women's University, Vijayapura**, has undergone the project training during the months of July and August 2024 under my guidance and has successfully completed the **Internship on Study of Consumer Behaviour and Marketing**

Somashekhare Bijjal

ASHOK MEDICAL AGENCIES

Ashok Medical Agency Ilkal

ILKAL - 587125



ASHOK AGENCY

medical service

To,

The Department of Commerce

Karnataka State Akkamahadevi Women's University

Vijayapura.

Dear Sir/Madam,

Subject: Training Completion Certificate

With reference to your letter dated **19-08-2024**, we hereby certify that **Kumari. Sumangala Gali**, a student of **B.Com VI Semester (NEP)** in **Karnataka State Akkamahadevi Women's University, Vijayapura**, has undergone the project training during the months of July and August 2024 under my guidance and has successfully completed the **Internship on Study of Consumer Behaviour and Marketing**

Somashekhar Bijjal

ASHOK MEDICAL AGENCIES

Opp: S. V. M. College

Ashok Medical Agency Ilkal

ILKAL-587123



ASHOK AGENCY

medical service

To,

The Department of Commerce

Karnataka State Akkamahadevi Women's University

Vijayapura.

Dear Sir/Madam,

Subject: Training Completion Certificate

With reference to your letter dated **19-08-2024**, we hereby certify that **Kumari. Preeti. Sangappa. Doddamani**, a student of **B.Com VI Semester (NEP)** in **Karnataka State Akkamahadevi Women's University, Vijayapura**, has undergone the project training during the months of July and August 2024 under my guidance and has successfully completed the **Internship on Study of Consumer Behaviour and Marketing**

Somashekhare Bijjal

ASHOK MEDICAL AGENCIES

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ILKAL - 587125