

Course code: _____

Name of Department / Centre

**Indian Institute of Technology Delhi
Hauz Khas New Delhi – 110 016**

Short Term Course under

Technical Education Quality Improvement Programme–II

On _____ Title of the activity _____



This is to certify that _____ Name of the Participants _____ has attended the Short term Course

on “ _____ Title of the Activity _____ ” under the sponsorship of Technical Education

Quality Improvement Programme –II held from _____ duration _____ to _____.

Name of the Course Coordinator's
Course Coordinator

Name of the HOD/HOC
Head of Department/Centre

Dr. Mahim Sagar
Coordinator QIP/CEP/TEQIP-II