Form3

YYYY/MM/DD

Completion report for NIFS Internship Training

To. NIFS Director-General

Trainee (signature)

Trainer (signature)

As I completed internship training, based on Guideline for Acceptance of NIFS Internship Program, I hereby report overview of it as below.

１　Training term

From 　MM DD, YYYY　to 　MM DD, YYYY　（　days）

２　Theme or subject of training

３　Result of training

４　Impression during training, etc