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## Certificate of Completion

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This certificate of completion shall serve as evidence  
of successful completion of training by:

**Gintaras Rakauskas**



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|---------------------|--|
| User Name:          | Gintaras Rakauskas   |
| Title:              | cobas pro integrated solutions Service Training (standardized) |
| Completion date:    | Saturday, November 2, 2019                                     |
| Training Location:  | Mannheim   |
| Session Start Date: | 10/7/2019  |
| Session End Date:   | 10/18/2019   |
| Course Duration:    | 80 Hours 0 Minutes   |

Trainee Signature

Manager Signature

Date of Signature (dd-mmm-yyyy)