

STUDY CERTIFICATE

Name, Full Postal Address & Telephone Number of the School/ Institution

This is to certify that Mr./Miss _____ with Admission No. _____

Date of Birth _____ Son/Daughter of Mr./Mrs. _____

was studying in class _____ and passed with _____% (percentage of

marks) in the year _____ school/academic institution, namely

_____ and Pattern of (CBSE, ICSE, State) _____ Board.

The above details are true to the best of my knowledge.

Place:

Date:

Signature of Principal (With School Stamp Affixed)