

## STUDY CERTIFICATE

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

This is to certify that Mr./Miss \_\_\_\_\_ (Admission No. \_\_\_\_\_)

\_\_\_\_\_ Son/Daughter of Mr./Mrs. \_\_\_\_\_

has been studying in College/School \_\_\_\_\_

during the period noted below.

S. No.	Course Name	From Which Date to Which Date	Reference of Documents

He/She passed/failed the following exam during the mentioned period.

S. No.	Semester	Year	Failed/Passed/ Backlogs & Marks Percentage	Reference of Documents

This is to certify that the above details are true to the best of my knowledge.

Place:

Date:

Signature of Head of the Institution  
College/Institution Stamp