

CERTIFICATE

Graduation/Post Graduation

This is to certify that (Name and address of the student)

is studying in _____semester/year of _____course
(name of the course) for the academic year 2017-18. Duration of
the programme is _____semester/year. This is also certified
that the applicant belongs to _____caste
_____Religion. He/She is not receiving financial assistance
(Scholarship/Stipend) from any source other than e-grantz.

Name & Address of Educational Institution

Name and Signature
Head of the Institution/Authorized Signatory

(Office Seal)