CERTIFICATE

CIVIL SERVICES COACHING PROGRAMME

This	is	to	Certify	that	(Name	and	addre	ss of	the	stud	lent)	
is en	rolle	ed a	s a stude	ent in	Civil Se	ervices	s Prelin	ninary	/ Ma	in ex	ams	
(Strik	ce o	ut v	whicheve	r is n	ot appli	cable)	coach	ing p	orogr	amm	e for	
the	ye	ar	2017-1	8.	Durat	ion	of th	ie pi	rogra	mme	is	
y	ear		_Month.	This	is to	certi	fy tha	t the	stu	dent	has	
remitted Rs				_(in fi	_(in figures)					(in words)		
durin	ıg tl	he y	ear 2017	′ towa	rds coa	ching	fee.					

Name and Signature Head of the Institution/ Authorized Signatory (With phone number)

(Office Seal)