

CERTIFICATE

(Medical / Engineering Entrance Coaching Programme)

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

is enrolled as a student in Medical /Engineering Entrance Coaching Programme for the Year 2017-18 for **Graduate / Post Graduate Level** (Strike out whichever is not applicable).

Enrollment/ Register number of the student is_____.

The duration of the Coaching programme is _____ Years_____ Months.

The student has remitted Rs._____ (in figures)

_____(in words) during the year 2017

towards coaching fee.

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

(Office Seal)