

CERTIFICATE
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 2025-26. Duration of

the programme is _____semester/year. He/ She is not

receiving financial assistance (Scholarship/Stipend)from any

source other than e-grantz.

Name : _____

Address : _____

Affiliation details : _____

Nature of Institute : _____ (Govt./Aided/Self

Financing).

Details of Entrance Examination passed

(Applicable only if the incumbent is admitted to the course through a national level
entrance examination)

Name of Examination : _____

Roll No : _____

Agency / Board : _____

Name and Signature
Head of the Institution/Authorized Signatory

(Office Seal)

Place:

Date :