

CERTIFICATE

Diploma/ Certificate Courses

This is to certify that _____

_____ (Name and address of the student) is

studying in _____ semester/year of _____ (Regular

& Fulltime) course (name of the course) for the academic year

2026-27. 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 of Educational Institution

Name and Signature

Head of the Institution/Authorized Signatory

(Office Seal)

Place:

Date :