

CERTIFICATE

Graduation

This is to certify that _____

_____(Name and address of the student) is studying in _____semester/year of _____ (Regular & Full time/ Integrated) _____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.

Details of the Educational Institution:

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 :