

**CERTIFICATE**

**Diploma/ Certificate Courses**

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 2023-24. 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 :