

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 2024-25. 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 :