

**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 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 : \_\_\_\_\_

\_\_\_\_\_  
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 :