## **CERTIFICATE**

## M.Phil /Ph.D

This		is	to		certify		that
•		address			scholar) D) on		
 Duration	of the p	rogramme			ars.	·	
He/ She is not receiving financial assistance							
(Scholars	hip/Stip	end)from a	any otł	ner sou	rce.		
Name & Address of University							
	Name and Signature (Authorized Signatory)						
(Office Seal)							
Place: Date:							