



MINISTRY OF HEALTH AND FAMILY WELFARE
GOVERNMENT OF INDIA
CENTRAL BOARD OF EXAMINATIONS
NEW DELHI

NAME: _____
FATHER'S NAME: _____
MOTHER'S NAME: _____
DATE OF BIRTH: _____
SEX: _____
RELIGION: _____
CASTE: _____
OCCUPATION: _____

Sl. No.	Roll No.	Subject	Grade	Remarks
1	101	Mathematics	A	
2	102	Physics	B	
3	103	Chemistry	C	
4	104	Biology	D	
5	105	English	E	
6	106	Hindi	F	
7	107	Sanskrit	G	
8	108	History	H	
9	109	Geography	I	
10	110	Political Science	J	
11	111	Economics	K	
12	112	Social Science	L	
13	113	Art	M	
14	114	Music	N	
15	115	Sports	O	

Signature of Candidate _____ **Date** _____

This certificate is issued to the candidate who has successfully completed the examination and is eligible for admission to the next level of study.

Signature of Head of Institution _____
Signature of Teacher _____



Signature of Examiner _____