

2020-21

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 2020-21. 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 :