FORMAT FOR COURSE COMPLETION CERIFICATE

This is to certify that

1. Mr. / Ms	_ (full name)
bearing Roll No i	s a bonafide
student of	(course /
program) in our Institute/University	
2. He / She is likely to complete all requirements of the course/pi	rogram and all
of his / her examinations is likely to be completed by August 1	5, 2024.
3. His / Her final result is awaited and will be published	on or before
September 30, 2024.	
,	th Seal) of the
	ignatory of the ute / University
Date:	