

Stipend and Non-Practicing Certificate

This is to certify that the following details pertaining to the student of this Institution is/are true.

Name of the Student :

Father Name :

Mother Name :

College Name :

Studying in Course :

Subject Combination/Discipline :

Year of Study :

Is the Student is Practicing Physician? : Yes / No

Is student is getting any Stipend? : Yes / No

Seal & Signature of the Principal