LETTER HEAD OF INSTITUTION

DATE: DD/MM/YYYY

TO WHOMSOEVER IT MAY CONCERN

This	is	to	certify	that	Mr/	Ms/Mrs(NAME OF CANDIDATE),	bearing
Univ	ers	ity	Seat Nu	umbe	r	was a bonafide student of this Ins	titution,
studi	ied		(COU	RSE T	TTLE)	during the academic year 20XX to 20XX.	

He/she studied in regular courses in this institution. It is further certified that this college is affiliated to(UNIVERSITY NAME).....

Semester	Backlog Subject		First Appearance	Number of	Semester Passed
				re-appearances	
1 st Semester	Subject N	Name	Exam Month and	#	Exam Month and
	with code		Year		Year
3 rd Semester	Subject N	Name	Exam Month and	#	Exam Month and
	with code		Year		Year
4 th Semester	Subject N	Name	Exam Month and	#	Exam Month and
	with code		Year		Year
5 th Semester	Subject N	Name	Exam Month and	#	Exam Month and
	with code		Year		Year

Principal Signatory

(Seal and Sign)