FORMAT FOR COURSE COMPLETION CERIFICATE

This is to certify that

1.	Mr. / Ms		(fu	ıll r	name)
	bearing Roll No	is	•		,
	student of			(coı	urse /
	program) in our Institute/University				
2.	He / She is likely to complete all requirements of the course/ of his / her examinations is likely to be completed by August	•	•		and all
3.	His / Her final result is awaited and will be published September 30, 2022.	Ιo	n (or k	oefore
	Name of the Authorised Signatory Signature (Authorised Inst	Sig	nat	orý	
De	esignation of the Authorised Signatory				
Date:					