

SCHOOL STUDY CERTIFICATE

Note: Should be obtained from the Head of Educational Institution (s)

- 1. Name of the candidate:**
- 2. Father's Name:**
- 3. Date of Birth and Age:**

Class	Name and place of School	District	Duration of Study Giving Month and Year
IV			
V			
VI			
VII			
VIII			
IX			
X or SSC			

Station:

Date:

**Signature of the Head of the
Educational Institute (S)**