

**Certificate**  
**(To be issued by Director / Principal / Head of the Institute)**

It is certified that Shri/Smt/Kumari .....  
s/o,d/o, Shri.....is admitted in .....Course for the  
academic session 2017-2018 through centralized counseling in  
.....college having Permanent id (PID) 1-.....

Signature:  
Name of the Director/Principal/Head of the Institute  
SEAL

Date:  
Place:

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