CERTIFICATE FROM HEAD OF SCHOOL/ INSTITUTION

College / Institution						
This is to certify that Master/Miss						
Shri			(Name withou	ıt Army		
been bonafide student	of this Schoo	ol or College du	ring the academic	year		
ch commenced on		and terminated	on	The		
ed on		by the Universit	y/Institution.			
still studying / left the ins	titution on					
te of birth as per record	is					
nual result/Grade is as ເ	ınder :-					
Class Passed (Mention name of course & class)	Total Marks	Marks Obtained	(As per Boa University	rd/ /		
•	•			1 above		
	, -		er or Principal/ Regis	strar)		
	ertify that Master/Missshri been bonafide student ch commenced on ed on still studying / left the instee of birth as per record nual result/Grade is as under the course & class course & class) mic year in which the second or course which is the course which is t	chri	ertify that Master/Miss	been bonafide student of this School or College during the academic ch commenced on and terminated on In do n by the University/Institution. It is that of birth as per record is Inual result/Grade is as under :- Class Passed (Mention name of course & class) Marks Obtained (As per Boar University conversion materials) University conversion materials		

Notes: * If University or Board of Education awarded CGPA/SGPA/OGPA then mention only marks obtain as per the institutions formula of conversion matrix of CGPA/SGPA/OGPA and fill % marks obtained only. The same be got authenticated by Principal/ Head of the Institution/ Registrar. (Refer FAQs prior to filling the form)

CERTIFICATE FROM ESTABLISHMENT

Certifie	ed that: -	
1.	Master / Miss	Son/daughter of (Name of father withou
Army	No & Rank)	is applied Education Scholarship.
2.	Cat of father of above child is Officer	s/ JCOs / OR (Strike out which not applicable) i
presen	ntly serving in Indian Army.	
3.	Date of birth of above student is	and Aadhar No of student i
	as per official doc	cuments/ records.
4.	The application has been scrutinized ar	nd is in accordance as per scholarship policy.
Round	stamp	(Signature of authority)
Dated	:	With office seal)