

# **CERTIFICATE**

Class: \_\_\_\_\_

Year: \_\_\_\_\_

This is to certify that Mr./Miss. \_\_\_\_\_

of \_\_\_\_\_ at \_\_\_\_\_

Enrollment No. \_\_\_\_\_ & Roll No. \_\_\_\_\_ has satisfactory  
completed his/her \_\_\_\_\_ out of \_\_\_\_\_ experiments/practical of the subject  
\_\_\_\_\_ for the academic year 20 \_\_ to 20 \_\_.

**Signed by:**

\_\_\_\_\_

**Head of Department**

\_\_\_\_\_

**External Examiner**

\_\_\_\_\_

**Subject Teacher**

**Date of certified:**