

SWANATH SCHOLARSHIP SCHEME OF AICTE

CERTIFICATE FOR ORPHAN CANDIDATE

This to certify that Mr. /Ms. _____ , date of birth _____

resident of _____ is an orphan.

His / Her parents Sh. _____ Died on _____

and Smt. _____ Died on _____

Date :

Signature of SDM /Tehsildar:

Rubber Stamp & Seal of Signing Authority

Name :

Designation:

Office Address:

Tele No. :

