

**BONAFIDE CERTIFICATE**

It is certified that the Mr./Ms. \_\_\_\_\_ is a bonafide student of the \_\_\_\_\_ College/Institution and He /She is a regular student from the year \_\_\_\_\_.

**Signature of the Principal**

**College Seal**

**CERTIFICATE OF MEDICAL/PHYSICAL FITNESS**

Signature of the candidate:

.....

I do hereby certify that, I have examined the above signed person Mr. / Ms. \_\_\_\_\_ and find him/her fit for participating in the state level research convention. The candidate is not suffering from any Communicable or chronic disease, which may cause any hindrance due to his/her participation in the above mentioned program.

Signature of the Medical Officer \_\_\_\_\_

Seal

Address with Contact No. \_\_\_\_\_

Date: \_\_\_\_\_

**VERIFICATION CERTIFICATE**

This is to certify that, Mr./Ms. \_\_\_\_\_ is a bonafide student of \_\_\_\_\_ College of \_\_\_\_\_ the information provided in the registration form by the participant and all the certificates signed by him/her, Parents, Principal and Medical Officer are endorsed by me as an Officer of the University.

Signature of Competent Authority \_\_\_\_\_

University Seal

Date: \_\_\_\_\_