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दिनांक:

To Whom it may concern

This is to certify that Ms./Mr. _____, a M.Phil/Ph.D scholar has attended department in the following period:

Period	
Total number of working days during the period	
Number of days the fellow was on leave (without pay)	
Number of days the fellow was on leave (with pay)	

Signature of Supervisor

Countersigned By

HEAD