## **GAP Certificate**

I, Mr	./Ms							, Reg	gistratio	n. No			, Roll No
					, Son/	'Daughter	of Mr./Mrs						do
hereb	oy so	lemr	nly state	& affirm as	under:-								
1. Th	nat	I	have	passed			class Schoo	in ol/Col	the		versity.		fron
Ye	ot ac	dmis										e/Univer	sity) in the
	ear in the Dep Programme						partment of			to			
						e of			Ye	ars (Durati	on of cou	rse).	
3. I d	leclai			ng the GAP	Year/s o	f	t	о			_ ′		
(a)					-		nstitute/colleg			iversity to	pursue f	urther stu	udies afte
(b)	)	I	took	admissio	n in	an	educational	4	institute	e/college/s	chool/un	iversity to	namel pursue
				to	o		C			passing d not		•	
	Sch	olars	ship/Fina	ncial Assist	ance.								
(c)		I	took	admissio	n in	an	educational		institute	e/college/s	chool/un 	iversity to	namel pursue
				to						passing d Govern		-	
	Assi	istar	ice from							(Departme	ent) for	an amou	unt of Rs
4. All	abov	ve in	formatio	n furnished	by me a	re true an	d genuine.						
(Name of the Student)								(Name of the Pare					_
													_
	(Signature of the Student)						(Signature of the				re of the	Parent)	
	Dat	e:-	/						Date:	/_	1		
		-							2 4 6 6				
Verit —— beer	n con	tha	t the co b led or mis		nt are tr ed therei	ue and co	declaration rrect to the b						
Place	e:						_						

Signature of Head of the Institution (with Stamp)