

**VERIFICATION CERTIFICATE**

This is to certify that, Mr./Ms. \_\_\_\_\_  
is a bonafide student of \_\_\_\_\_  
\_\_\_\_\_ College / Institution  
of \_\_\_\_\_ University.

The information provided in the Registration Form by the participant and all the certificate signed by him/her, Parent, Principal and Medical Officer are endorsed by me as an Officer of the University.

Date: /01/2020

(Seal of the University)

Signature of the  
Director/Co-ordinator with  
Seal

Place: