Ci	001-2008 ivil Hospital I	<mark>3 & 9001-2015</mark> Road Opp. Mini Bus	AND Govt Certi S Stand, Kharar (PB.) 36 Website: <u>www.sof</u>	<mark>fied institute</mark> 140301
(Candidate has to	pay fee RS. 1000/-	- for Certificate Verification	JPLICATE OF STUDEN / Duplicate Certificate. The fee ational and vocational training"	Should Be Sent through Demand
1. Student Name	:			PASTE
Father's Name 2.	:			YOUR
3. Permanent Address	:			РНОТО
		AUGAILO	MAL	HERE
4. Contact No		E	4/	
5. Course Name		1 En		
6. ST Registration No.				
7. Year of passing	ET			3
8. Study Period	EN		0/17/1//	2
9. Examination Centre N	lame :			2
10. Exam Centre City & C	ode :			-
11. Purpose of verificatio	n :			
PAYMENT DETAILS:-		0.0	9111	
DD NO.	Amount	DATE	Bank Name	
l "Softech " office to Ro Addressee :-	elease my Cours	S/D/o se Information to Party	Listed bellow.	Authorize
				STUDENT SIGNATURE:
			DATE :	
Documents To be Att	ached:			

- Photocopy of Address Proof(ADHAAR CARD/Voter ID/Driving licence/Passport)Dully Attested by Notary/Gazeted officer.
- Two latest colored Passport Size Photograph .

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			РНОТО
f. No : ar Sir, his is certified that Mr. /Ms /D/O Mr laving ST Registration No course Vith h the period from huthorized Centre	s.	has been su Grade. to	accessfully completed the
hanking you. his is verified that the Certi 'erified By:	ificate is genuine.		