

MANBUMIGU DOCTOR PURATCHITHALAIVAR
MGR GOVT. ARTS AND SCIENCE COLLEGE
KATTUMANNARKOVIL - 608 301

DEPARTMENT OF _____



BONAFIDE CERTIFICATE

This to certify that Mr./Miss _____ is a
Student of this college and Pursuing _____ B.Sc., /B.A./
B.Com., course in _____ during the academic
year 20 - 20

Date:

Station:

Head of the Department

PRINCIPAL