

CONTINUATION CERTIFICATE

SPECIAL SCHOLARSHIP SCHEME FOR NORTH EASTERN REGION

This is to certify that		
has continuously working in	the Department	
in the subject under the abo	ve scheme for the quarter from	to
Signature	Signature	Signature
Date	Name Date	Name Date
Name of the	Head of	Registrar/Director/Principal
		•
Candidate	Department	(Seal of University/Institution
	(Seal)	/College)