

CONTINUATION CERTIFICATE

NATIONAL FELLOWSHIP FOR PERSONS WITH DISABILITIES

This is to certify that Mr/Ms. _____

Research scholar is pursuing MPhil/ Ph.D/ Integrated Ph.D as regular and full time scholar in the subject of _____ in the Department _____ under the above scheme for the quarter from _____ to _____.

Signature

Signature

Signature

Name

Name

Date

Date

Date

**Name of the
Candidate**

**Head of
Department
(Seal)**

**Registrar/Director/Principal
(Seal of University/Institution
/College)**