



Sl.No. _____

Date _____

SHREE AGRASEN MAHAVIDYALAYA

PO & PS – DALKHOLA, DIST- UTTAR DINAJPUR (WB), PIN-733201

e-mail- shreeagrasmahavidyalaya@gmail.com

COLLEGE LEAVING CERTIFICATE

This is to certify that Shri / Smt. _____

Son/Daughter of Sri/ Late _____

Of Vill _____ PO _____ PS _____

Dist _____ was a student of BA / BSC / BCOM
SEMESTER _____ / Part _____ (Honours / General) and
passed with _____ Class / Division / Grade in the
year _____ under _____ University.

His / Her University Roll _____ No. _____,
Registration No. _____, Session _____,

The above details are true to the best of my knowledge.

Principal
Shree Agrasen Mahavidyalaya