TO WHOM IT MAY CONCERN

This is to certify that Mr./Mrs./Ms. _____ Emp. ID _____ S/D/o _____ is in services as _____(Full Time) from _____.His/Her teaching classes are _____to _____.

He/She shall be in services during the entire duration of the programme i.e. B.Ed. (Part-Time), 3 years.

HOS