



ALL INDIA INSTITUTE OF MEDICAL SCIENCES, JODHPUR (RAJASTHAN)

CERTIFICATE FROM THE HEAD OF INSTITUTION/ SCHOOL

(FOR REIMBURSEMENT OF CEA)

Ref. No.

Date:-

It is certified that Master/ Kumari.....having
Admission No..... D.O.B./...../..... (DD/MM/YYYY) Son/Daughter of
Mr. /Mrs.was studying in Class..... Sec.....
.Roll no.....during the academic session Apr - Marchin School/Institution,
namely.....
.....vide affiliation
Regd. No ./Code.....and Pattern..... Curriculum.

He / She has paid a sum of Rupeestowards tuition fee for
the period/...../..... (DD/MM/YYYY) to/...../.....(DD/MM/YYYY).

Place:-

Date:-

Signature of Principal
(Affix School Stamp)

Name:

Designation:

Department:

Contact No: