To be Submitted by

LINGUISTIC MINORITY COMMUNITY CANDIDATES

CERTIFICATE

Name, full address and telephone number of the institution from where the candidate has passed SSLC /10th standard examination $\frac{1}{2}$
Date:
This is to certify that Sri/ kum /Smt
S/o/ D/o/W/o
studied FromStandard toStandard in our
Institution duringto
He /She belongs toLinguistic Minority Community Candidates and The
mother tongue of the above student is
As per the Admission register
maintained in the institution. The above details are true and correct to the best
of my Knowledge.
Signature of Head of the Institution
(Name in Block Letters)