Department of Science and Technology
INSPIRE Program

First Rank Certificate

(to be issued by Registrar of University/institution)

Name of the University/ Institution: (in Capital Letters)
……

Address of University/Institution with pin code:

---------- Pin code:----------

This is to certify that Mr./Ms./Dr ……..… of Department/School/ Centre …….…….…… bearing Roll Number/Reg. Number …… has secured First Rank among …. (no. of students) …….(**in words**) in the Bachelors' in Medicine/Master of Science/Engineering/Agriculture/Veterinary/Medicine/ Pharmacy program in the subject of …… in complete degree examination and not just in specialization during the two years tenure from year 20------- to 20-------.

It is also certified that Mr./Ms./Dr……is the first rank holder among all students (covering the University, its constituent and affiliated colleges) who appeared for the same examination and also completed the course within stipulated time period.

Note: Provisional Rank certificate shall not be acceptable

Date: **Controller of Examination** **Registrar**
(Signature with Seal) **(Signature with Seal)**