



MINISTRY OF HEALTH AND FAMILY WELFARE
GOVERNMENT OF INDIA
CENTRAL BOARD OF EXAMINATIONS
NEW DELHI

Certificate

Name: _____
Roll Number: _____
Date: _____
Signature: _____
Official Seal: _____

1. The candidate has been declared successful in the examination held on _____ at _____.

Sl. No.	Name of the Candidate	Grade	Remarks
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____
6	_____	_____	_____
7	_____	_____	_____
8	_____	_____	_____
9	_____	_____	_____
10	_____	_____	_____

This is to certify that the above mentioned candidate has been declared successful in the examination held on _____ at _____.



Signature: _____