

Secondary School Completion Certificate

This is to certify that **[Student Name]** (Roll No: **[Roll Number]**), son/daughter of **[Parent/Guardian]** has successfully completed the prescribed course of study at this institution and passed the **Secondary School Examination** conducted in the month of **[Month]**, **[Year]**.

Date of Birth: _____

Registration No.: _____

Subjects Passed: _____

Place: _____

Date: ____ / ____ / ____

Class Teacher

Principal

School Seal