

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