

CERTIFICATE OF LOCATION OF EDUCATIONAL INSTITUTES

(To be submitted by the candidates applying against **Backward Areas** and Merged Area Districts inner seats only)

Office of District Executive Officer (Education) District/Agency/FR:

Certified that Mr./Ms. _____

S/o,

D/o _____

has been studying in the District/Agency/FR of

_____ as follows:

Class	Full Name of School/College	Location of School/College	INSIDE / OUTSIDE	Year (From-To -)	Board
Primary (1-5)					
Middle (6-8)					
Matric (9-10)					
F.Sc Part-I (11)					
F.Sc Part-II (12)					

Signature of DEO (Education)
With official stamp

Verified by the DC of concerned District/FR or PA of Agency

DC/PA _____
With official stamp