

CONTINUATION CERTIFICATE
(For pursuing Ph.D/M.Phil.)

SCHEME NAME: _____

PERIOD: FROM _____ To _____ (03 months only)

THIS IS TO CERTIFY THAT MR/MS. _____
HAS WORKED AS RESEARCH SCHOLAR/FELLOW IN THE DEPARTMENT OF
_____ OF ALIAH UNIVERSITY UNDER THE
SCHEME DURING THE PERIOD AS STATED ABOVE WITHOUT ANY BREAK. HIS/HER
PERFORMANCE WAS SATISFACTORY.

WE RECOMMEND THE PAYMENT OF HIS/HER SCHOLARSHIP FOR THE PERIOD
AS NOTED ABOVE.

SUPERVISOR
(WITH SEAL)

H.O.D.
(WITH SEAL)

H.O.I./DEAN
(WITH SEAL)