



Register No.

**UNIVERSITY OF CALICUT
PRIVATE REGISTRATION**

| | | | |
|-----------------------|--|--------|--|
| Name of the Candidate | | | |
| Date of Birth | | Gender | |
| Centre of Examination | | | |
| Programme Name | | | |

CALICUT UNIVERSITY SOCIAL SERVICE PORGRAMME (CUSSP) CERTIFICATE

This is to certify thathas
 successfully completed 6 days of CUSSP work during the period
 from.....to.....at
 (Name of the Institution) and submitted the record in the
 fulfillment of hisporgramme under Private mode.

Date:

Office Seal

Signature, Name & Designation of Issuing Authority*

*Head of the Dept/Secretary of Panchayath/Municipality/Corporation/Other Institution