

BISHOP ABRAHAM MEMORIAL COLLEGE, THURUTHICAD

Certificate for Christian Candidates Applying Under Community Quota

This is to certify that _____ (Name of Candidate),

child of _____ (Father's Name) and

_____ (Mother's Name) and

resident at _____

_____ (Address)

has been a member of church/organization for a period of _____ years.

Name & Contact Number of Vicar/ Pastor:

Dated Signature of Vicar/Pastor:

Name of Church/Organization:

(Seal)