

**CHHATRAPATI SHAHU MAHARAJ RESEARCH, TRAINING AND HUMAN
DEVELOPMENT INSTITUTE (SARTHI), PUNE**

(An Autonomous Institute Of Government Of Maharashtra)

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|---------------------------------|--------------------------|
| 1. Name of the Fellowship _____ | __Jan 20__ To __Mar 20__ |
| 2. Year of Fellowship _____ | __Apr 20__ To __Jun 20__ |
| 3. Date of Award Letter _____ | __Jul 20__ To __Sep 20__ |
| 4. Date of Registration _____ | __Oct 20__ To __Dec 20__ |
| 5. Research Center _____ | |
| 6. Name of University _____ | |

Three months Continuation Certificate

This is to Certify that Mr./Mrs./Miss
has continuously working (Ph.D/M.Phil) in the Subject of
in the Department Under the above scheme for the period
form ____/____/____ to ____/____/____

Signature

Date :

Name of the Candidate :

Signature

Name :

Date :

Guide/ Supervisor :

Signature

Name :

Date :

Head of Department (Seal) :

Signature

Name :

Date :

Registrar / Director /Principal :**(Seal of University / Institution / College)**