

Secondary School Leaving Certificate

Certificate No.:	<input type="text"/>
Student's Full Name:	<input type="text"/>
Date of Birth:	<input type="text"/>
Place of Birth:	<input type="text"/>
Parent/Guardian's Name:	<input type="text"/>
Name of School:	<input type="text"/>
Course Completed:	<input type="text"/>
Year of Completion:	<input type="text"/>
Roll/Registration No.:	<input type="text"/>
Remarks:	<input type="text"/>

Date of Issue:

Signature of Headmaster/Principal

School Seal