BONAFIDE CERTIFICATE

This is to certify that Dr/ Mr/ Ms. …………………………………. is a bonafide student of ……………………………………….. University /Institute and pursuing post-graduation………… Year in the Department of ………………………… during the academic year …………………...

This is for the Purpose of allowing her to attend/ present paper in the **2nd Cardio Metabolic Congress** which is happening on 07th & 08th October, 2023.

Date:………………..

Place:……………….

 …………………………….

 Signature

Head of the Institution/ College

(With Seal)