



Register No.

UNIVERSITY OF CALICUT
SCHOOL OF DISTANCE EDUCATION

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

CALICUT UNIVERSITY SOCIAL SERVICE PROGRAMME [CUSSP] CERTIFICATE

This is to certify that _____ has 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 his _____ programme under Distance Mode.

Date:

Office Seal

Signature, Name & Designation of Issuing Authority*

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