



**COMSATS University Islamabad, Vehari Campus  
Academics Department**

**Certificate Form**

Student Name: \_\_\_\_\_ Father Name: \_\_\_\_\_

Registration No. \_\_\_\_\_ Department: \_\_\_\_\_

(Tick v Your Option)

Bonafide Certificate

English Proficiency Certificate

Any Other \_\_\_\_\_

**Please state the reason**

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\_\_\_\_\_  
Student's Signature

Signature: HoD Concerned

Date: