

Ref No:

Date:

**CERTIFICATE OF AICTE RECOGNITION**  
(On letterhead of Institute / College)

This is to certify that :

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(Name of the Institute / College)

and the department \_\_\_\_\_

(Name of the department in which the candidate belongs, within the Institute / College)

are recognized by the AICTE under AICTE Ref No. \_\_\_\_\_

**Signature of the sponsoring authority with seal**  
**(By Head of the institute/organization or competent authority)**

(Office seal)

To

Director  
National Institute of Technology  
Tiruchirappalli – 620 015, Tamil Nadu.