Ref No: 

Date: 

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

This is to certify that: 

__________________________________________________________________________________

(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.