

**ANNEXURE – 5**

**(For 1<sup>st</sup> to 10<sup>th</sup> Standard)**

**PROFORMA FOR LINGUISTIC MINORITY CERTIFICATE**

(Candidates who claim seats in Linguistic Minority colleges Status)

(This certificate is issued for the purpose of seeking admission to Under Graduate / Post Graduate Medical / Dental Courses for the Year \_\_\_\_\_)

Name, full postal address and telephone number of the institution from where the candidate has passed SSLC /10TH standard examination/Institution last studied and countersigned by Block Educational Officer.

This is to certify that Sri / Kum / Smt ..... Son /  
Daughter of ..... has studied  
from..... Standard to..... standard from \_\_\_\_\_ to  
\_\_\_\_\_ in \_\_\_\_\_  
\_\_\_\_\_ institution  
located at \_\_\_\_\_

Mother tongue of the student is.....as per the admission Register  
maintained in the institution.

Therefore, he / she belongs to \_\_\_\_\_ Linguistic Minority.

Institution Seal

Signature of Head of the Institution

(Name in Block Letters \_\_\_\_\_)

Place : \_\_\_\_\_

\_\_\_\_\_ Taluka

Date:: \_\_\_\_\_

\_\_\_\_\_ District

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**Countersigned by Block Education Officer**

Signature & Seal of the concerned Block Education Officer

Date: