**TO BE TYPED ON COLLEGE / INSTITUTE LETTERHEAD**

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

**To whom-so-ever it may concern**

This is to certify that Dr / Prof / Mr / Miss \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is Working / Studing in our

institute as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ from dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

His contact details is as below.

APTI Member Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APTI Registation Number : \_\_\_\_\_\_\_\_\_\_\_\_

Mobile Number : \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Id : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Correspondence Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Aadhar Number : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Seal & Signature of Principal / Authorized Signatory

Note : Blanks To be filled in Capital Letters only.