



IGNOU

Study Centre Code .....

Address: .....

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**Attendance Certificate for Practical Counseling's**

**Name** :

**Enrollment No.** : 

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**Programme** :

**Session** : JAN-JUNE [ ] JUL-DEC [ ] YEAR .....

Sl. No.	Course Code	Counselling Session Held	Counselling Sessions Attended	Percentage of Attendance
1				
2				
3				
4				
5				
6				

Certified that the above given information is correct as per the records available in the Study Centre.

Date: .....

Signature: .....

Signature: .....

Section (I/C)

Coordinator

(Study Centre Stamp)