Name and address of the institution	
	Place, Date
	Name of the degree holder
	Address of the degree holder
We hereby inform that	
(name of the higher education institution)	
is a recognized institution of higher education in (country).	
The degree diploma	
(name and no. of the degree)	
has been issued within the law of the country, confirms graduation of under and entitles to undertake further/graduate/MA programs.	ergraduate/BA/MA studies in
Stamp, name and signature Of the authorized person	