

Date: _____

TO WHOMSOEVER IT MAY CONCERN

This is to certify that Mr./Ms. _____
bearing roll no. _____ is a student of _____
(class/dept./section) pursuing _____ semester from _____ (date & year)
in our _____ college/institute.

2. Request the student to allow to attend ISEA Bootcamp on
_____ scheduled from _____ (online/offline).

We strongly believe that the Cybersecurity bootcamps provide intensive, practical
training to develop essential skills

With regards

(signature)

Principal name: _____

College Name: _____

Place: _____

To,

ISEA Bootcamp Coordinator

Information Security Education and Awareness project by Ministry of Electronics and
Information Technology(MeitY), Gol