

The Principal
College of Pharmacy, Medha

Sir,

I wish to apply for getting a Bonafide Certificate. My particulars are as under :

a

1. Name in full :
(Surname) (Name) (Father's Name) (Mother's Name)

Male/Female :

Name in full :
(Surname) (Name) (Husband's Name)

2. Present address :
.....

Phone number :

3. Name of the Class & Branch

4. Year :

5. Subject :

6. Purpose for which Bonafide Certificate/s is/are required :

7. Number of copies required of Bonafide Certificate :
.....

8. I will collect the Bonafide Certificate in person/by post on the address mentioned above.

Place :

Yours faithfully,

Date :

(Signature of the Applicant)

(Signature of the H.O.D)

Name of the Department : -----

Certificate No. : -----

Dated -----

Issued on : -----

(Signature of the concerned person)