



**K.B.H. S.S. Trust's
Institute of Pharmacy**

Malegaon Camp, Malegaon

Date:

APPLICATION FOR BONAFIDE CERTIFICATE

To,
The Principal,
KBH Institute of Pharmacy,
Malegaon Camp, Malegaon – 423105.

Sub. : Application for Bonafide Certificate.

Respected Sir,

I, the undersigned Mr./Ms./Mrs. _____ Students of KBH Institute of Pharmacy, Malegaon Camp, Malegaon studying in F.Y. / S.Y./ T.Y./ Final Year class, Roll No. _____ during the year academic year 20 - 20 . I required a bonafide certificate for the purpose of _____. Therefore, I hereby request to you, kindly arrange to issue me a Bonafide Certificate.

Thanking you,

Yours faithfully,

(Signature of the Student)

[ISSUED BONAFIDE CERTIFICATE]

[RECEIVED BONAFIDE CERTIFICATE]

Signature of Clerk

Signature of Student

Date: / / 20

Encl.: Latest photocopy of admission fee challan.