

Name of student.....

Class:.....

Contact No.:.....

Date:.....

To,

Principal

Pune District Education Association's

Shankarrao Ursal College of Pharmaceutical

Sciences and Research Centre, Kharadi, Pune-411014

Subject: Request for issue of Bonafide Certificate

Respected Sir,

I the undersigned would like to state that, I am studying in the _____ for the academic year _____ in this college. I hereby request you to issue Bonafide Certificate. I need the same for the purpose of _____.

Kindly consider and oblige.

Thank You

Yours Faithfully

Signature of Student _____