

APPLICATION FOR BONAFIDE CERTIFICATE

Bonafide Certificate No.	
Date of Issue	

Name of Student : _____

Class : _____ Div.: _____ Roll No.: _____

Resi. Address : _____

Mobile No.: _____

Date : _____

To,
The Principal,
UCCC/SPBCBA/SDHG COLLEGE OF BCA & IT
Udhna – Surat

Respected Sir,

I would like to inform you that I am studying in B.Com./B.B.A./B.C.A. Programme of this college as per the details given above and request you to issue me the **Bonafide Certificate** for the reason mentioned here below.

I have attached herewith a Xerox of the Current Semester Fee Receipt / Renewed Identity Card for your kind information.

➤ I understand that the bonafide certificate stands cancelled if I fail to pay my semester fees.

Thanking you,

STUDENT'S SIGNATURE

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