

THE B.S.G.D'S JUNIOR COLLEGE OF COMMERCE , ARTS AND SCIENCE  
AND

NAGINDAS KHANDWALA COLLEGE OF COMMERCE , ARTS AND MANAGEMENT STUDIES AND  
SHANTABEN NAGINDAS KHANDWALA COLLEGE OF SCIENCE

DATE .....

GR. NO

To,

The Principal

.....  
.....

Respected Madam,

I hereby request you to issue me Bonafide Certificate.

FOR .....

My details are as under

STREAM	DEGREE	JUNIOR	SELF FIANANCE
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	CLASS	YEAR	ROLL NO
FY	<input type="text"/>	<input type="text"/>	<input type="text"/>
SY	<input type="text"/>	<input type="text"/>	<input type="text"/>
TY	<input type="text"/>	<input type="text"/>	<input type="text"/>

NAME OF THE APPLICANT .....

DATE OF BIRTH ..... PLACE OF BIRTH .....

ADDRESS .....

TELEPHONE NO .....

SIGNATURE OF THE STUDENT : .....

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MISC.RECEIPT NO. .... DATE .....

BONAFIDE CERTIFICATE NO ..... DATE .....

- DOCUMENT TO ATTACHED : 1) PHOTO COPY OF STANDARD 12TH LEAVING CERTIFICATE  
2) PHOTO COPIES OF ALL PREVIOUS MARKSHEETS