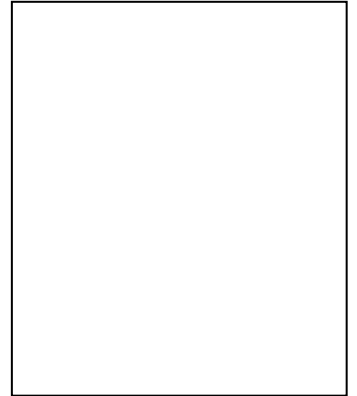


## APPLICATION FOR BONAFIDE CERTIFICATE



Name of Student: \_\_\_\_\_

Grade with division: \_\_\_\_\_

Roll No.: \_\_\_\_\_

Place:

Signature

Date:

Parents / Guardian's

### Office Use

GR. No: \_\_\_\_\_

House: \_\_\_\_\_

Name (as per school record): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Class Teacher's Sign.

Clerk's Sign.

Principal's Sign.