Date: ………………………

BONAFIDE CERTIFCATE

This is to certify that Mr/Ms …………………………………, bearing Registration No. ………………………… is a

Bonafide student of this institute, studying in the ………… (**Semester/Year**)……………(**Course Name**) course during Academic Year **YYYY-YYYY**.

The student details as entered in our institute record are:

Date of Birth	:	DD-MM-YYYY
Father's Name	:	……………………………….
Mother's Name	:	………………………………
Date of Admission	:	DD-MM-YYYY
Expected Year of Course Completion	:	DD-MM-YYYY

Authorized Signature with Stamp

Name :

Designation :

Mobile :

Email :

To be printed on official letter pad of college/institution