

Rs 30

Date

To

The Principal

Yashwantrao Chavan College of Pharmacy

Ahmednagar.

Sub. : Application for Bonafide Certificate.

Respected Sir,

I, the undersigned Mr. / Ms. / Mrs. \_\_\_\_\_ son/daughter of -----  
-----Students of YCCP studying in First/ Second year During the year 20 - 20

I required a bonafide certificate for the purpose of \_\_\_\_\_

Therefore, I hereby request to you, kindly arrange to issue me a Bonafide Certificate.

Thanking you,

Yours faithfully,

(Signature of the Student)

Enrollement No. \_\_\_\_\_

Date : \_\_\_\_\_

[ISSUE BONAFIDE CERTIFICATE)

Principal

Date : \_\_\_\_\_

[ RECEIVED BONAFIDE CERTIFICATE ]

Signature of Student \_\_\_\_\_

Date :

Encl. : Latest Xeorx copy of admission challan.