



Government of Maharashtra

Government College of Pharmacy, Chhatrapati Sambhajanagar
Osmanpura, Chhatrapati Sambhajanagar- 431 005 (M.S.) India
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Ref.No.GCPCS/SS/202

Date:

BONAFIDE CERTIFICATE

This is to certify that Mr/Ms. _____ Son/daughter of
_____ bearing college PRN Number _____ is/was
bonafide student of this college and studying in class _____ B. Pharm/M.Pharm/Pharm.D course
for the academic year _____.

The bonafide certificate is issued on the request of him/her for _____
purpose only.

Seal

Principal
Government College of Pharmacy,
Chhatrapati Sambhajanagar

Note: Document to be submitted

1. Student request application
2. Current fee receipt
3. Mark Memo