**NATIONAL INSTITUTE OF TECHNOLOGY**

**WARANGAL-506 004, TELANGANA, INDIA.**

**ACADEMIC SECTION**

**BONAFIDE CERTIFICATE**

This is to certify that Mr Lotfullah Andishmandnational is a bonafide student of this Institution. His/Her details are given below.

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | **Name of the Student** |  |  |
| 2 | Date of Birth | : |  |
| 3 | Nationality | : |  |
| 4 | Father’s/ Husband/s Name | : |  |
| 5 | Passport No | : |  |
| 6 | Passport Issue Date | : |  |
| 7 | Student visa No | : |  |
| 8 | If applying for extension, date up to which extension recommended. | : |  |
| 9 | Whether student visa issued is for this course and Institution. If no, whether permission of FRRO obtained for change of course/Institution. | : |  |
| 10 | Previous Residential Permit Validity | : |  |
| 11 | Present Residential address in India | : |  |
| 12 | Name of the Course | : |  |
| 13 | Institution Registration No. of the student | : |  |
| 14 | Name and reference no. of the Recognizing authority of the institution/Course offered | : |  |
| 15 | Course Period | : |  |
| 16 | Year and semester of study | : |  |
| 17 | Attendance Percentage in figures  [for extension only]: | : |  |
| 18 | Purpose of issue of certificate  [Registration/Extension/Exit/Return Visa/Others]: | : |  |
| 19 | Remarks, if any: | : |  |
| 20 | Backlogs if any | : |  |

Office Seal **OFFICE SUPERINTENDENT**

**(ACADEMIC)**

Date: