XYZ EDUCATIONAL INSTITUTION

123 University Road, City, State, Country - 123456

Phone: +1 (123) 456-7890 | Email: info@xyzinstitution.edu

Date: October 26, 2023

BONAFIDE CERTIFICATE

This is to certify that Mr./Ms. [Full Name of Student], Son/Daughter of Mr./Ms. [Father's/Mother's Name], is a bonafide student of this institution. He/She is currently enrolled in the [Name of Course/Program, e.g., Bachelor of Technology in Computer Science], during the academic year [Academic Year, e.g., 2023-2024]. His/Her Enrollment Number is [Enrollment Number].

He/She has been a student of our institution from [Start Date of Course] to [Expected End Date of Course or Current Date]. This certificate is being issued at his/her request for [Reason for Issuance, e.g., applying for a scholarship, visa application, bank loan, etc.].

To the best of our knowledge and belief, he/she bears a good moral character and conduct during his/her tenure at this institution.

[Authorized Signatory Name]

[Designation, e.g., Principal/Registrar]

XYZ Educational Institution

(Institution Seal)