

Application for Bonafide Certificate

To,

Principal

**Sumatidevi Tompe Institute of
Pharmaceutical Science & Research,
Chandur Bazar.**

Subject: Application for Issuance of Bonafide Certificate.

Applicant: _____

Respected Sir,

I am _____, a student of D. Pharm / B. Pharm _____ Year at Sumatidevi Tompe Institute of Pharmaceutical Science & Research, Chandur Bazar. I am writing to formally request the issuance of a Bonafide Certificate.

I require the Bonafide Certificate for the purpose of _____. Therefore, I kindly request you to issue the Bonafide Certificate at your earliest convenience.

Name & Sign. of Student

Class _____

Academic Year _____