



Ref. STIPSR/DP/Bonafide/20\_\_-20\_\_/

Date-

**BONAFIDE CERTIFICATE**

This is to certify that \_\_\_\_\_ Son/Daughter  
of \_\_\_\_\_, is a bonafide student of **Sumatidevi Tompe  
Institute of Pharmaceutical Science and Research, Chandur Bazar, Amravati**. He/ She is  
currently enrolled in the **Diploma in Pharmacy** \_\_\_\_\_ Year for the academic year **202\_\_-  
20\_\_**.

This certificate is issued upon the student request for the purpose of  
\_\_\_\_\_.