

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 _____