



Ref. No.: LDCE/STS/ DATE:

**BONAFIDE CERTIFICATE**

THIS IS TO CERTIFY THAT **Mr./Ms.** ABC Kishorbhai Thesiya**,** IS A BONAFIDE STUDENT OF THIS **L.D.COLLEGE OF ENGINEERING, AHMEDABAD** INSTITUTION.

His/Her Details are given below,

|  |  |  |
| --- | --- | --- |
| 1 | NAME OF STUDENT | ABC Kishorbhai Thesiya |
| 2 | DATE OF BIRTH | 200280115001 |
|  | SEX | MALE |
| 3 | NATIONALITY |  |
| 4 | FATHER’S NAME |  |
| 5 | PASSPORT NO. |  |
| 6 | PASSPORT ISSUE DATE | **VALID TILL**: |
| 7 | STUDENT VISA NO. | ( **VISA ISSUE DATE**: ) |
| 8 | IF FALLING FOR EXTENSION, DATE UP TO WHICH EXTENSION IN RECOMMENDED |  |
| 9 | WHETHER THE STUDENT VISA ISSUED IS FOR THIS COURSE AND INSTITUTION. IF NOT WHETHER PERMISSION OBTAINED FOR CHANGE OF COURSE/ INSTITUTION |  |
| 10 | PREVIOUS RESIDENTIAL PERMIT VALIDITY |  |
| 11 | PRESNET RESIDENTIAL PERMIT VALIDITY |  |
| 12 | NAME OF COURSE |  |
| 13 | INSTITUTE REGISTRATION NUMBER OF INSTITUTE |  |
| 14 | NAME OF THE 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 |  |
| 18 | PURPOSE OF ISSUE OF CERTIFICATE |  |
| 19 | REMARKS (IF ANY) |  |

SIGNATURE & SEAL WITH DATE