

To,  
The Principal  
J.E.S. Institute of Pharmacy,  
Jalna

Date: .....

SUBJECT: Please issue Bonafide Certificate.

Sir,

Kindly issue me the Bonafide certificate, I am submitting herewith all the necessary details.

01) Full Name :-----

02) Class :-----

03) Academic Year :-----

04) Reason for Bonafide :-----

04) Bonafide fees Rs. 05/- Paid Receipt No. ----- dated -----

Yours faithfully,

(-----)  
Students Signature

Bonafide Certificate may be issued

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(Principal)