

BONAFIDE CERTIFICATE

This is to certify that _____ (Name of the Student), Son/Daughter/Ward of _____. (Parents/Guardian's name), Date of birth _____ is a Bonafide Student of this institute/School.

He/she is bearing Roll No. _____ and is studying in (Class/Programme/Course) in the current academic year 2026-2027.

As per records, He/she domicile state is _____ (Strick off if domicile state and state of Institute/School is same).

(Seal of the Institute)

(Signature of Head of this Institute)

Contact No.: