



Kisan Vidya Prasarak Sanstha's
INSTITUTE OF PHARMACEUTICAL EDUCATION
BORADI, Tal. - Shirpur, Dist. Dhule (M. S.)

(☎:-02563- 284202)

Date: - / /20

To,

The Principal ,
KVPS I.P.E. Boradi,Tal.
Shirpur, Dhule – 425428.

Sub. : Application for Bonafide Certificate.

Respected Sir,

I, the undersigned Mr./Ms. _____
Students of KVPS I. P.E. Boradi, studying in F.Y. / S.Y./ T.Y./ Final Year class, Roll No._
_____ During the year academic year 20 - 20

I required a bonafide certificate for the purpose
of _____.

Therefore, I hereby request to you, kindly arrange to issue me a Bonafide
Certificate. Thanking you,

Yours faithfully,

(Signature of the Student)

[ISSUE BONAFIDE CERTIFICATE]

Signature of Clerk _____

[RECEIVED BONAFIDE CERTIFICATE]

Signature of Student _____

Date: / /

Encl.: Latest photocopy of admission fee challan.