

Application for Bonafide Certificate & Fee Structure

Date:

To

The Director
Sri Manakula Vinayagar Medical College and Hospital,
Puducherry.

Respected Sir,

Sub: Request for issue of Bonafide Certificate & Fee Structure – Reg.

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I request to issue me a bonafide certificate & fee structure for the reason quoted below.
My details are as follows.

Name :

Course :..... Year :..... Batch:

Purpose for requested :

If for bank loan
(Name of bank & branch) :

Thanking you,

Yours Sincerely,

Director

Name & Signature of student