

Application for Bonafide Certificate

Date:

To

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

Respected Sir,

Sub: Request for issue of Bonafide Certificate – Reg.

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I request you issue me a Bonafide Certificate for the reason quoted below.
My details are as follows.

Name :

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

Purpose for request:

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

Thanking you,

Yours Sincerely,

Name & Signature
of student

Director / Dean