

Shri Ram Group of Collges, Muzaffarnagar

APPLICATION FOR BONAFIDE CERTIFICATE

The Registrar
Shri Ram Group of Colleges
Muzaffarnagar

Date:

Sir,
I, _____, S/D/o _____, Roll No. _____,
Category _____, permanent R/o _____
am student of _____ and studying in _____ semester.

I am residing/not residing in the hostel.
You are requested to kindly issue me a bonafide certificate for the purpose of

I will be highly thankful to you.
(Signature of Student with date)

Application received on:
(Signature of Office Staff with date)
Name:

Bonafide Certificate received on:
(Signature of Student with date)

Bonafide Certificate Delivered on:
(Signature of Office Staff with date)
Name: