



APPLICATION FOR BONAFIDE CERTIFICATE

DATE:

To,
THE PRINCIPAL
SEMCOM
VALALBH VIDYANAGAR- 388 120

SIR,

I, THE UNDERSIGNED, REQUEST YOU TO ISSUE ME THE BONAFIDE CERTIFICATE.

1. NAME OF THE STUDENT:MR./MISS _____
(NAME) (FATHER'S NAME) (SURNAME)
2. CLASS & ACADEMICYR.LAST ATTENDED/: _____
CURRENTLY STUDIED : _____
(CLASS & DIVISION) (ACADEMIC YEAR)
3. REASON FOR BONAFIDE CERTIFICATE: _____

ADDRESS: _____

SIGNATURE OF THE STUDENT

PRINCIPAL

_____ % ATTENDANCE IN THIS SEMESTER

_____ RECOMMENDATION BY CLASS COUNSELOR