

Date:- _____

To,
The Principal
D.A.V. Public School,
New Panvel.

SUBJECT : APPLICATION FOR BONAFIDE CERTIFICATE

Respected Sir/ Madam,

I / We would like to apply for the Bonafide Certificate of my daughter / son /
Ms. / Mst. _____ studying in class _____
Div. _____ in your school.

Kindly issue me the required certificate on or before _____.

Thanking you,

Yours faithfully,

Full Name :
Phone No.

Signature

FOLLOWING DETAILS ARE FURNISHED HEREWITH FOR YOUR READY REFERENCE:

- (1)

_____	_____	_____	_____
SURNAME	STUDENT'S NAME	FATHERS' NAME	MOTHER'S NAME
- (2) **DATE OF ADMISSION :** _____
- (3) **ADMITTED IN CLASS :** _____
- (4) **DATE OF BIRTH :** _____
- (5) **PLACE OF BIRTH :** _____
- (6) **CASTE AND SUB CASTE :** _____
- (7) **REASON FOR BONAFIDE CERTIFICATE :** _____

Note : Certificate will be issued in Three working days.