

**NMAE OF THE INSTITUTION:**  
**ADDRESS :**

## BONAFIDE CERTIFICATE

This is to certify that Mr./ Ms./ Mrs..... S/o /  
D/o ..... resident of ..... is a bonafide  
student of our institution studying in .....( class/ year)  
Of ..... (Course) with ..... Roll No. / Reg no. in the  
academic year.....

His / her Date of Birth as per our records is .....

SIGNATURE OF HEAD OF THE INSTITUTION