

Student's Application for Bonafide Certificate / Bus Pass

| ''येथे बहुतांचे हित'' | Date: / / |
|---|---------------------------------|
| To, The Principal Marathwada Mitra Mandal's COLLEGE OF COMMERCE 202/A, Deccan Gymkhana, PUNE – 411 004. | |
| Respected Sir, | |
| I request you to kindly issue me a bonafide certificate for the following purpose | |
| : | |
| My particular are as follows. | |
| 1. Name of the Student: | |
| 2. Class:3. Year: | 4.Date of Birth: |
| 5. Roll No: | 6.Mobile No |
| 7.Permanent Address: | |
| | Yours Faithfully, |
| | Signature of the Student |
| Application No: 1.Name of the Student: | Office Use Only Date of Issue: |
| 2.Class: 3.Year: | 3.Bonafied No |
| 4.Lib .I.Card No | 5.Challan No: |

Receivers Sign Checked By

<u>Note:</u>-Attachment of Library Card, Birth day Proof & Admission fee receipt is mandatory for verification of above details. (Xerox Copy)