

# ANGEL'S PUBLIC SCHOOL



## APPLICATION FOR ISSUANCE OF

**BONAFIDE STUDENT CERTIFICATE**       **FEE CERTIFICATE**

### STUDENT'S PARTICULARS

1. Name.....
2. Class .....Section.....Admission Number.....
3. Father's / Guardian's Name .....
4. Address .....
- .....
- .....
5. Phone (M).....(R) .....(O).....
6. Email ID .....

### APPLICATION DETAILS

#### FOR AVAILING BONAFIDE STUDENT CERTIFICATE

Please issue my child/ward mentioned above a certificate of him/her being a bonafide student of your school. This certificate is needed for the following purpose:

.....  
.....

#### FOR ISSUANCE OF FEE CERTIFICATE

Please issue my child/ward mentioned above a certificate confirming that all his/her school fees for the current academic session have been paid till date. This certificate is needed for the following purpose:

.....  
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Date .....

Place .....

\_\_\_\_\_  
*Signature of Parent*