

Date : _____

To,
The Headmistress,
ST. JOSEPH'S SCHOOL,
Orlem, Malad (West),
Mumbai – 400 064.

Issue of Bonafide Certificate

Dear Madam,

Kindly issue me a Bonafide Certificate for my daughter / son

of Std. _____ Div. _____ G.R.No. _____

Student ID _____ Date of Birth _____

for _____

_____ (reason)

Signature of Parent