

BONAFIDE CERTIFICATE APPLICATION FORMAT

From:

Name of the Applicant _____

Address of the Applicant _____

Date: _____

To,

The Headmistress

St. Mary of the Angels Convent High School,

Chinchinim

Sub: Issue of Bonafide Certificate

Respected Sr.

I the undersigned/ I the undersigned parents of _____ kindly request you to issue me the bonafide certificate/ me the boanfide certificate of my son/ daughter,

for the purpose of _____

My details /His/Her details are as follows:

Name : _____

Registration No: _____

Date of Birth: _____

Std & year of Admission in the School: _____

Currently Studying in : _____

Std & year of Leaving the School: _____

Thanking you

Yours faith fully

(Name of the applicant)