

S.I.C.E.S DEGREE COLLEGE OF ARTS,SCIENCE & COMMERCE,AMBARNATH

Application for Bonafide Certificate

To,
The Principal,
SICES Degree College,
Ambarnath (w).

Subject:- Issue of Degree College Bonafide Certificate.

Respected Sir,

I the undersigned is/was student of your college in _____ class during academic year _____.

I request you to issue me the degree college bonafide certificate as I am (reason)_____

My particulars are as under:

Name in full: _____.

Class	Roll No.	Academic Year

I enclose herewith a photocopy of marksheet/passing certificate/fees receipt/ID card of _____.

Thanking you,
Yours faithfully,

Sign:_____

Date: / /

Place:_____

Remark and Sign of Principal:-

Remark of HOD:-_____

Sign:_____

***Fees for Bonafide certificate =Rs 20/-**