



APPLICATION FOR BONAFIDE CERTIFICATE

Name of Student		-
Father's Name		РНОТО
Name of Program		(Please do not paste)
Admission No.		
Enrolment No. (If Allotted)		
Academic Year	Semester	
Purpose for which the Certificate required] <u></u>	
Staying in Hostel (Yes/No)		
Date:		gnature of the Student
	cerned School/Departme	
This is to certify that	S/D/0	
bearing Admission No	is a Bonafide stude	nt of GU, pursuing in
year		
	Sic	gnature of Dean / HOD

Note: The Student is required to bring original Identity Card at the time of receiving the certificate for verification.