



## **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	d	
Staying in Hostel (Yes/No)		
Date:		Signature of the Student
To Be Filled in by Con	ncerned School/Depar	tment
This is to certify that	S/D/0	
bearing Admission No	is a Bonafide s	tudent of GU, pursuing in
year		
		Signature of Dean / HOD

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