

Date: / /

From

Name : \_\_\_\_\_

Address: \_\_\_\_\_

Mobile No.: \_\_\_\_\_

To,  
The Director  
AKIMSS,  
Solapur

**Subject: Application for Bonafide Certificate**

Respected Sir,

I \_\_\_\_\_ is /was a student of this institute. I am studying in/ I have completed \_\_\_\_\_ for the academic year \_\_\_\_\_ in your college. I require bonafide certificate from Institute for \_\_\_\_\_ purpose.

So kindly request you to consider this application and issue me bonafide certificate

Thanking you,

Yours faithfully,

Student Name and Signature: \_\_\_\_\_

**Clearance Certificate**

| Sr. No. | Section               | Remark | Signature |
|---------|-----------------------|--------|-----------|
| 01      | Accounts              |        |           |
| 02      | Library               |        |           |
| 03      | Administrative Office |        |           |
| 04      | Alumni Coordinator    |        |           |

**Director's Remark**