



Dharmaraj Shaikshnik Pratishthan's  
**N D KASAR COLLEGE OF PHARMACY**  
 Walki, Ahmednagar – 414006

Date:     /     /

To,

**The Principal,**  
 N D Kasar College of Pharmacy,  
 Walki, Ahmednagar-414006.

**Sub. : Application for Bonafide Certificate.**

**Applicant:** \_\_\_\_\_

Respected Sir,

I, the undersigned Students of N D Kasar College of Pharmacy, Walki studying in F.Y. / S.Y class, Roll No. \_\_\_\_\_ during the year academic year 20 - 20 .

I belong to \_\_\_\_\_ Category. My Cast is \_\_\_\_\_ and my birthdate is \_\_\_\_/\_\_\_\_/\_\_\_\_

I have required a bonafide certificate for the purpose of \_\_\_\_\_  
 Therefore, I hereby request to you, kindly arrange to issue me a Bonafide Certificate.

Thanking you,

Yours faithfully,

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“DHARMRAJ SHAIKSHNIK PRATISHTHAN'S ”

**N.D. KASAR COLLEGE OF PHARMACY (DIPLOMA)**

AT- POST. WALKI, TAL & DIST. AHMEDNAGAR 414006. PH.0241-2520622.

**BONAFIDE CERIFICATE**

**Sr. No. -**

**General Reg. No.-**

**Date -**

This is to certify that .....**is**  
 a bonafied student of this College, studying in 20 - , class in the **F. Y./ S. Y.** His/her  
 birth date on the General register is / / in word  
 (.....)

To the best of my Knowledge, He/ She bear a good moral Character. His/her cast as  
 per our College Register is .....

**Clerk**

**Principal**