Application for Bonafide Certificate

Name:- _____

Admission Year:- _____

_____ Year BDS/ ☐ Intern ☐ MDS

Hostel Room No.:- _____

Roll No.:- _____

Date:- _____

Mob. No.:- _____

To,
The Dean
Govt. Dental College & Hospital,
Jamnagar.

Subject:- Request For Bonafide Certificate

Respected,

I _____ Studying in _____ Year BDS/Internship/MDS in Govt. Dental College & Hospital, Jamnagar. I need a Bonafide Certificate for _____ Purpose.

So, I kindly request you to issue me a Bonafide Certificate for _____ Purpose.

Name of the scheme if applied in any other scholarship. (for scholarship students only)

(1) _____

(2) _____

(3) _____

Thanking You,

Yours Faithfully

(_____)

Document Attach: (1) Provisional Admission Order xerox
(2) Last Examination Marksheet xerox
(3) Current Year Term & Hostel Fees Receipt xerox
(4) Scholarship Details Latter (for scholarship students only)
(5) Documents required for issuing Bonafide Certificate