

Bonafide Certificate

Date:

Affix photo here
Should be attested by
the principal with school
college stamp

TO WHOMSOEVER IT MAY CONCERN

This is to certify that _____, son/daughter of _____, born on _____, is a bonafide student of _____ [Course Name], with a course duration of _____Year(s), at _____ [Institution Name], which is affiliated to or regulated by _____ [University / Regulatory Body]. He/She has been enrolled as a full-time regular student of this institution since _____, and holds the Student ID number _____, valid till _____.

This certificate is issued upon the student's request for official purpose

Principal

[Institution's Address]

[City, State, Pin Code]

[Phone Number]

[Email Address]

Principal

Name: _____

Signature: _____

(School/College Stamp)