

Date: ____/____/____

APPLICATION FOR BONAFIDE CERTIFICATE

TO,
THE DEAN,
DR.V. M. GOVT. MEDICAL COLLEGE,
SOLAPUR.

SUB: REGARDING BONAFIDE CERTIFICATE.

RESPECTED SIR,

My details are as below,

1. **Name of the student:** _____
2. **Admitted in academic year (Batch):** _____
3. **Current class/Term /if Pass out Examination Detail:** _____
4. **Roll Number:** _____
5. **Date of birth:** ____/____/____ (DD/MM/YYYY)

Attached Documents:

- 1: Admission letter (Yes/No).
- 2: Photocopy of Identity card (Yes/No).
- 3: If currently undergoing U.G course: Photocopy of Last examination marksheet (Yes/No).
- 4: If completed the U.G course: Photocopy of Passing/Final Year marksheet (Yes/No).

Note:

- 1: Take a printout of the same and submit to inward desk.
- 2: Please pay rupees 100/- at college cashier and attach photocopy of the same.
- 3: Please preserve a photocopy of the application stamped at the inward desk.
- 4: Time required: Seven working days from the date of Inward desk.

Signature of the student

Mob. No.: