

# **BONAFIDE CERTIFICATE**

This is to certify that Mr./Ms. ....

D/o/S/o..... is student of

..... (year/Semester) of.....

(Course/Branch) for the academic year 2015 - 2016. He/She is bonafide

student of.....

(University/Institute). The duration of the course is 1 /2 /3 /4 / 5 / 6 years.

**Date:**

**(Signature with Seal)  
Director/Dean/Registrar**

**University/Institute's Name & Address**