

BONAFIDE CERTIFICATE APPLICATION

Date :- ___/___/20___

To,

**The Associate Dean,
Post Graduate Institute
M.P.K.V., Rahuri**

Student Name : _____

(Reg. No. _____/_____))

Subject :- Application for the Bonafide Certificate

Respected Sir,

I am Mr/Miss. _____

(Reg. No. _____/_____) Department _____ of Studying in
M.Sc / Ph.D (Agri.)/Horti PGI Rahuri. I need bonafide Certificate for
_____ purpose.

So I Kindly request you to issue me the bonafide certificate.

Thanking you,

Yours faithfully

(_____)

Assistant Register (PGI)
Remark

Cashier Fee Paid
Rs. 200/-

Receipt No :- _____
Date - ___/___/20___