



Ghanshyamdas Saraf
college of arts & commerce
EDUCATION EMPOWERS

From: _____

Address: _____

Date: _____

Phone No.:.....

To,
The Principal,
Ghanshyamdas Saraf College,
RSET Campus, S.V.Road, Malad (West),
Mumbai -400 064.

Subject: APPLICATION FOR BONAFIDE CERTIFICATE

Respected Madam/ Sir,

I Ms./ Mr. _____ Student of your college is/ was
studying in class _____ div _____ Roll No. _____ during the academic year
_____. PRN No. _____

I intend to prepare my (reason) _____ during the academic year _____
for that I wish to apply for the same.

My date of Birth is _____ & place of Birth is _____.

I am submitting following documents Xerox copy:-(MARKSHEET/ FEE RECEIPT/ I-CARD)

- 1] FY-BCOM/ BMS/ BMM/ BCBI/ BCAF/ BFM/ B.Sc.IT
- 2] SY-BCOM/ BMS/ BMM/ BCBI/ BCAF / BFM/ B.Sc.IT
- 3] TY-BCOM/ BMS/ BMM/ BCBI/ BCAF/ BFM/ B.Sc.IT
- 4] M. COM. PART-I / MCJ PART-I / M.A.-FTNP PART-I
- 5] M.COM. PART-II / MCJ PART-II / MA.-FTNP PART-II

Library dues (Yes/No)

Fees (Paid/Unpaid)

Signature of the Parents

Signature of the students

Receipt No. Date Amount