Samarth Rural Educational Institute's

SAMARTH INSTITUTE OF PHARMACY BELHE.

Approved by P.C.I. New Delhi, D.T.E., Govt. of Maharashtra &
Affiliated to D.B.A.T.U.Lonere & M.S.B.T.E. Mumbai.
On Kalyan Nagar Highway A/P-Belhe, Tal- Junnar, Dist-Pune Pin: 412410
Email:samarthiop@gmail.com, Web: iop.sreir.org

Date- __/ __/ ____

To,
Principal,
Samarth Institute of Pharmacy,
Belhe- 412410.

Sub. : Application for Bonafide Certificate.

Respected Sir,

I, the undersigned Mr./Ms./Mrs. _____
Student of Samarth Institute of Pharmacy, Belhe- 412410 studying in **F.Y. / S.Y./ T.Y./ Final Year** of **[D. Pharmacy/B. Pharmacy/ M. Pharmacy]**,
PRN NO-_____ during the year academic year 20_____- 20_____., respectfully request the issuance of a bonafide certificate.
The certificate is required for _____

I have attached a copy of my student ID card and any other required documents for verification. Kindly issue the bonafide certificate at your earliest convenience.

Thank you for your time and consideration. I shall be grateful for your support.

Thanking you,

Yours faithfully
(Signature of the Student) Signature of Clerk

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[RECEIVED BONAFIDE CERTIFICATE] Signature of Student

CERTIFICATE ISSUED DATE-__/ __/ ____ ---

Attachments- Xerox of copy of my student ID card