



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-** \_\_/ \_\_/ \_\_

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**Attachments-** Xerox of copy of my student ID card