

**SEVA MANDAL EDUCATION SOCIETY'S**  
**SMT. MANIBEN M.P. SHAH WOMEN'S COLLEGE OF ARTS & COMMERCE**  
**APPLICATION FOR BONAFIDE CERTIFICATE**

<u>For Office Use</u>
Received Date: _____
Issuing Date: _____
Name and Signature of Staff: _____

Full name & Address: _____ _____ _____ _____
Contact No. : _____
E- Mail Id: _____
Date: _____

To,  
 The Principal  
 Smt. Maniben M.P. Shah Women's College of Arts and Commerce  
 Matunga, Mumbai- 400019

Respected Madam,

I am a student of your esteemed college. I am in requirement of a Bonafide certificate. My particulars are as under. I request you to please issue me with a Bonafide certificate.

- 1) Name in full Capital letters : \_\_\_\_\_
- 2) Class: \_\_\_\_\_ Medium: \_\_\_\_\_ Roll No. : \_\_\_\_\_
- 3) Academic Year : \_\_\_\_\_

**Enclosed please find self – attested photocopy of my Identity Card for Verification.**

Thanking You,

Yours faithfully,

Signature

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**ACKNOWLEDGMENT**

Form No.: _____	Application Date: _____	Issue Date: _____
Office Signature: _____	Receiver's Signature: _____	