



P.E. Society's
MODERN COLLEGE OF PHARMACY
Nigdi, Pune – 411 044



Date: / /

To,

The Principal,
Modern College of Pharmacy,
Nigdi, Pune – 411 044.

Sub. : Application for Bonafide Certificate.

Respected Sir,

I, the undersigned Mr./Ms./Mrs. _____
Students of Modern College of Pharmacy, Nigdi, Pune – 411 044 studying in F.Y. / S.Y./ T.Y./ Fourth
Year/Fifth Year/Sixth Year **Pharm.D/POST BACCALARAETE** class, Roll No. _____ during the year
academic year 20 - 20 .

I required a bonafide certificate for the purpose of

Therefore, I hereby request to you, kindly arrange to issue me a Bonafide Certificate.

Thanking you,

Yours faithfully,

(Signature of the Student)

[ISSUE BONAFIDE CERTIFICATE]

Signature of Clerk _____

[RECEIVED BONAFIDE CERTIFICATE]

Signature of Student _____

Date: / /

Encl. : Latest photocopy of admission fee challan.