



PROFORMA FOR "BONAFIDE CERTIFICATE"

PARTICULARS TO BE FILLED BY THE STUDENT

1. CMS ID # : _____
2. Session : _____
3. Name : _____
4. Father's Name : _____
5. Faculty : _____
6. Semester : _____
7. Program of Study : _____
8. Contact #: _____

Dated: ___/___/___

Signature of Student

VERIFICATION FROM DEPARTMENT CHAIRPERSON

Certified that Mr/Ms _____ is studying in the department of _____ Faculty of _____. The particulars of the student has been checked and found correct. His/Her proforma is recommended for issuance of bonafide certificate as per the University rules.

Dated: ___/___/___

Signature & Stamp
of Chairperson

FOR OFFICE USE ONLY

(ASSISTANT REGISTRAR, (STUDENTS & ACADEMIC AFFAIRS))

Remarks : _____

Dated: ___/___/___

Signature

Application form received on : ___/___/20..... Certificate issued :Yes/ No (if Yes)

Date of issue : ___/___/20 (if No);Reason _____

Signature: _____

Name: _____

Designation: _____