

From:	 _
Address:	
Tel:	
Date:	

To, The Principal Deviprasad Goenka Management College of Media Studies RSET Campus, SV Road, Malad West, Mumbai – 400 064

SUBJECT: APPLICATION FOR BONAFIDE CERTIFICATE

Respected Sir / Madam,				
I, Mr. / Ms			_, student of your	
I, Mr. / Mscollege is / was studying in Class:	DIV:	Roll No		
during the Academic Year:	PRN No			
I kindly request you to provide a Bonat			•	
Sincerely,				
Name: Contact No. Email ID:				
Signature of the Parent		Signature of the student:		
Signature of Principal:		Date:	_	

Fess: Rs. 100/- per each copy