

Sub: Application for Bonafide Certificate

Date: _____

To,
The Principal
Smt. LP Patel Institute of Allied Health Sciences & Technology/ CAM Institute of Allied Health
Sciences & Technology/ Smt. LP Patel Institute of Medical Laboratory Technology

Respected Sir/ Madam,

I _____ Studying in class _____

Program / Course _____

having Roll No. _____ request you to issue me Bonafide Certificate. For the Purpose of

Thanking you.

Your sincerely,

Student Signature