

Date: / /201

To,

The Principal,
Indira College of Pharmacy,
Tathwade, Pune.

Subject: Request for Bonafide Certificate

Respected Madam,

I Mr. /Ms. _____ student of
_____ year B. Pharm /M. Pharm. in our college. I require the Bonafide
certificate from the college for _____ purpose.

So, I request you to kindly consider this application and issue me Bonafide
certificate.

Thanking You

Yours Faithfully,

(Mr./ Ms. _____)