

PLEASE SUBMIT THIS FORM ON THE LETTER HEAD OF THE SCHOOL OR COLLEGE WHERE THE STUDENT IS ENROLLED IN THE YEAR 2026-27, ELSE IT WILL BE REJECTED.

**Bonafide Certificate
(FY 2026–27)**

This is to confirm that _____ **(Student Name)**
Son/Daughter of Ms./Mr. _____ **(Parent Name)** of
Class _____ **having Roll Number** _____ is a Bonafide student of
our school/college in the year **2026-27**.

Name of the School/College: - _____.

Complete Address of the School/College: - _____.

Principal Name of the School/College: - _____.

Contact number of the School/College: - _____.

Signature of Principal with School Stamp & Date

NOTE: - This certificate should be issued by the school/college where the student is currently enrolled in the year 2026-27