Date: ___ / ___ / _____

To
The Principal,
Daly College of Business Management
Indore, Madhya Pradesh

Subject: Application for Issuance of Bonafide Certificate

Respected Madam,

I, _____, a student of _____ course, Year/Semester_____. My University Enrollment No. is _____. I kindly request you to issue me a Bonafide Certificate stating that I am a regular student at your esteemed institution.I require the bonafide certificate for the_____

I shall be grateful if you could issue the certificate at your earliest convenience.

Thank you for your kind consideration.

Yours faithfully,

[Student Name]
Enrollment No.: _____
Course: _____
Year/Semester: _____
Mobile No.: _____
Signature: _____