

SRI VENKATESWARA INSTITUTE OF MEDICAL SCIENCES, TIRUPATI

ACADEMIC SECTION

ACAD FORM - 09

APPLICATION FOR ISSUE OF BONAFIDE CERTIFICATE

From

Tirupati

Date:

To

The Registrar
SVIMS
Tirupati.

Sir / Madam,

Sub: SVIMS, Tirupati – Issue of Bonafide Certificate - Requested – Reg.

I studying course
..... batch, applying for (purpose
to be mentioned). Hence, I am in need of bonafide certificate. I am attaching the copy of
my ID card.

Therefore, I request you to issue the certificate at the earliest.

Thank you

Yours sincerely

Signature

Mobile No:

//forwarded by//

Signature of HoD with Seal

Encl:

The request shall be accompanied by photocopy of the Identity Card.