Mumbai Pradesh Arya Vidya Sabha's



Signature of A/c Clerk _____

GURUKUL COLLEGE OF COMMERCE

(Affiliated to the University of Mumbai) Tilak Road, Ghatkopar (East), Mumbai – 400 077

APPLICATION FORM FOR BONAFIDE CERTIFICATE From, Student full Name : _____ Div.: Roll No. Tel. No.: Date :- _____ To, The Principal Gurukul College of Commerce Tilak Road, Ghatkopar (E), Mumbai – 400 077. Respected Sir / Madam, **Sub: Request for Bonafide Certificate** I was/ am a student of this college studying in _____ Class Div. ____ Roll No. ____ during the academic year _____. I wish to apply for Bonafide Certificate, the same is required for _____ Kindly issue the same to me. Thanking you, Yours faithfully, Name of the Student: Signature of student : _____ Paid Rs 20/- towards Bonafide Certificate. Received Receipt No. _____ dt. ____ dt.