**Application for Bonafide Certificate**

**Bachelor/ Master/Ph.D. Students on University Campus**

***(Please download, type write and submit the application 10 days before with supporting documents)***

 **Date: / / 2022**

To,

 Head, Department of

 Shivaji University, Kolhapur 416004

**Subject: Application requesting the bonafide certificate for Visa Registration/Renewal of Visa/Extension of RP/Registration in Embassy of \_\_\_\_\_\_\_\_\_. .**

Respected Sir,

This is to bring to your notice that myself \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Nationality\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Passport Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*Expiry date*) (dd /mm /yyyy) and Residential Permits expiry date (dd /mm /yyyy) is a Bachelors/Masters/Ph.D. Student of the Department of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,Shivaji University, Kolhapur would like to request for the bonafide certificate required for *(purpose/reason)* .

I am aware of the rules and regulations of Shivaji University, Kolhapur and will abide by the rules and regulations stipulated by the University from time to time. I am also aware that fulfilling the minimum of 75% attendance in accordance to the University rules and regulations and UGC Guidelines is mandatory. I assure you that the information provided by me in the application and the supporting documents is true and correct to the best of knowledge and believe. I will be responsible for the information, supporting documents and academic loses, if the documents are found to be false/malafide/misleading. Thus, I request you to consider my application and provide the bonafide certificate required for processing the documents for *(purpose/reason)* .

Please do the needful.

Name of Student:

Course and Department:

Present address:

Contact: Mob: E-mail:

Reason for request of bonafide certificate:

Thanking you

Sincerely yours

*(Signature)*  Remark of HoD/Research Guide

Student (specifying the attendance in percentage, performance/progress)

**Remark:**

 *(Signature)*  *(Signature)*  *(Signature)*

 Head of the Department Director, IAC Registrar