

To,
Principal
BBIT

Date: _____

Subject: Issuing Bonafide Certificate

Respected Sir,

I undersigned student of BBIT Kindly request you to issue me Bonafide Certificate.
I need this for _____purpose.

Thanking You,

Yours faithfully,

Name: _____

Department: _____ Enrollment No: _____ Semester: _____

Address: _____

Mo.No: _____
Mo.No: _____

Signature of Student: _____

Documents: 1. Xerox copy of ID-Card
3. Previous Semester Result Copy

2. Current Semester fee Receipt Copy
4. 10th Marksheet Xerox Copy.

Time Duration of Application: 03:00 P.M. TO 4:00 P.M. (Saturday : 01 p.m. to 2:00 p.m.)
Collection of Application: 03:00 P.M. TO 4:00 P.M.