

KING GEORGE'S MEDICAL UNIVERSITY

APPLICATION FOR ISSUE OF BONAFIDE CERTIFICATE

To,

The Dean-Academics,
King George's Medical University
Lucknow

Subject: Application for Issue of Bonafide Certificate

Sir/Madam,

I respectfully request you to kindly issue a Bonafide Certificate in my favour.

My details are as under:

1. Name (in Block Letters): _____
2. Father's Name: _____
3. Mother's Name: _____
4. Course: _____
5. Department (For PG Students Only): _____
6. Enrolment No.: _____
7. Date of Joining: _____
8. Present Year / Year of Completion: _____
9. Mobile No.: _____
10. Email ID: _____
11. Purpose for which certificate is required: _____

Payment Details:

- Transaction ID: _____
- Date of Payment: _____
- Amount Paid: **Rs. 200/-**

I hereby declare that the above information furnished by me is true and correct. I have attached the required documents and payment receipt (if applicable).

Kindly issue the certificate at the earliest.

Date: _____

Place: _____

Signature of Applicant

Name: _____

Enclosures:

- Payment Receipt.
- ID Proof
- Copy of Latest Marksheet / Admission Letter