NIILM UNIVERSITY, KAITHAL (HARYANA)

Application form for Bonafide Certificate

Name of Applicant:	Male/Female
Father's Name	Mother's Name:
Permanent Address:	
Correspondence Address:	
Email id:	Phone number:
Name of the Department:	
Course Sem:	Registration Number:
Purpose for which Bonafide Certificate is	required :
I will collect the Bonafide Certificate in pe	erson:
Yours faithfully,	
(Signature of the Applicant)	
Date:	