To Date:

The Principal,

Jubilee Hills Public School

Hyderabad.

Request for Bonafide Certificate

|  |  |  |
| --- | --- | --- |
| 1 | Student Admn. No  |  |
| 2 | Name of the student |  |
| 3 | Class & Sec |  |
| 4 | Purpose for seeking Bonafide |  |
| 5 | Phone/ Mobile No. |  |
| 6 | Fees for the Bonafide Certificate | Rs.50/- |
| 7 | Bonafide to be collected in person |  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ between3 P.M & 4 P.M |
| Note: Bonafide will be issued within 2 working days from the date of Request. |
|  Name of the Parent Signature of the Parent |
| ------------------------------------------------------------------------------------------------------------------------------ |
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|  |

FOR OFFICE USE ONLY

|  |  |  |
| --- | --- | --- |
| 1 | Bonafide Fee | Receipt No. Dt. |
| 2 | Bonafide No |  |
| 3 | Date of Issue |  |
| 4 | Bonafide Register entry |  Yes / No |
| 5 | Signature of Admin Officer |  |
| 6 | Signature of Principal |  |
| 7 | Date of Delivery | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ between 3 P.M & 4 P.M |