

TRINITY COLLEGE OF ARCHITECTURE, PUNE

Bonafide Certificate Request Form

1. Student Details

Name of the Student: _____

Class / Year: _____

Date of Birth (DD/MM/YYYY): ____ / ____ / ____

Contact Number: _____

2. Purpose of Certificate

Please specify the reason for requesting the Bonafide Certificate:

☐ Bank Account ☐ Passport Application ☐ Scholarship ☐ Visa Application

☐ Address Proof ☐ Internship ☐ Other (Please specify):

3. Declaration by Student

I hereby request the issuance of a Bonafide Certificate for the purpose stated above. I declare that the information provided is true and correct to the best of my knowledge.

Student Signature: _____

Date: ____ / ____ / 20____

4. Office Use Only

Remarks (if any):

Class Coordinator Name: _____

Signature: _____

Date: ____ / ____ / 20____

Principal Approval:

☐ Approved ☐ Not Approved

Signature: _____

Date: ____ / ____ / 20____