

THE ASIAN SCHOOL



مدرسة آسيا

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APPLICATION FOR BONAFIDE CERTIFICATE

Name of the Student:

Grade: Div: Scholar No:

Reason for applying for a Bonafide Certificate:

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Name of Parent/Guardian:

Mobile No:

Date:

Signature of Parent/Guardian

For Office:

Certificate issued: YES NO

Issue Date:

For Parent:

I hereby declare that I have verified all the details mentioned in the Certificate and they are correct.

Date Received:

Received by:

Signature: