

To
The Assoc Dean (AA),
NIT Andhra Pradesh,
Tadepalligudem

Date :...../...../.....

Subject: Application for Bonafide Certificate

1	Name of the student: (In block letters)	
2	Name of Father / Guardian:	
3	Course & Branch:	
4	Roll No:	
5	Semester of study:	
6	Purpose of Bona-fide Certificate:	<input type="checkbox"/> Scholarship <input type="checkbox"/> Education Loan <input type="checkbox"/> Passport <input type="checkbox"/> Others (_____)
8	Mobile No:	
9	Email:	

Signature of the Student with date

Instruction for students: -

1. Application is required to be submitted **atleast 05 working days** in advance to the Exam section for the issue of the required certificate.
2. Incomplete application will not be considered.
3. Over writing will lead to rejection of application.

For Office Use Only

No:.....Date:.....Prepared By:.....