

**BHARATI VIDYAPEETH  
DEEMED UNIVERSITY, PUNE (INDIA)  
SCHOOL OF DISTANCE EDUCATION  
L.B.S. Marg Pune - 411030**

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**(Form of application for Bonafide Certificate)**

NAME: \_\_\_\_\_

Father Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_, Ph No. \_\_\_\_\_

Email ID: \_\_\_\_\_

**To,  
The Director,**

Bharati Vidyapeeth Deemed University,  
School of Distance Education,  
Pune – 411030

**Subject: - ISSUED OF BONAFIDE CERTIFICATE.**

Sir,

This is to request you to issue a Bonafide Certificate for the purpose of

\_\_\_\_\_  
\_\_\_\_\_

**Student Details:**

Course: \_\_\_\_\_ Exam Seat No: \_\_\_\_\_ Academic Year: \_\_\_\_\_

Academic Centre Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_, (In Word): \_\_\_\_\_

Permanent Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Office Details:**

Office Dues: \_\_\_\_\_, Library Dues: \_\_\_\_\_, Date: \_\_\_\_\_,

Receipt No: \_\_\_\_\_, Amount: \_\_\_\_\_, Date: \_\_\_\_\_, Adm Reg. No. \_\_\_\_\_

Eligibility: \_\_\_\_\_, Eligibility Case No: \_\_\_\_\_, Course \_\_\_\_\_

The above information provided is true to the best of my knowledge.

**Document Attached:** 1) Mark sheet Xerox Attested  
2) Student I Card Xerox

Yours Faithfully