

BONAFIDE CERTIFICATE

This is to certify that Mr./Miss _____ S/D/O _____
is a bonafide student of this institution. He/She is currently studying in class _____
(year /semester) _____. His/Her course duration is (2, 4, or 5) _____ years.

His/Her course of study starts from (DD/MM/YYYY) to (DD/MM/YYYY). It is also
certified that above mention student is not getting financial aid/scholarship from any other
organization like PEEF, HEC, NGO etc.

This certificate has been issued for scholarship.

Principal/ Head of Department

Name _____

Designation _____

Signature _____

Date: _____

Office Stamp (Must be Readable)

Note:

1-Print this certificate on College/University letter Head and must be signed from the head
of relevant Department dully affixed office stamp.

2- Course start and end date must as date, month and year i.e. course start from 1st Sep.
2020 to 31st Aug. 2024.

3. Incomplete/ without office stamp bonafide certificate will not be accepted.